

Hertford County

2018 Community Health Needs Assessment



ALBEMARLE REGIONAL HEALTH SERVICES
Partners in Public Health

Dear Community Member,

Pasquotank
Perquimans

Your partnership in the Community Health Needs Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vident Bertie Hospital, Vident Chowan Hospital, Vidant Roanoke Chowan Hospital, and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Camden
Chowan
Currituck

The rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and play. These factors also provide challenges in our systems of service delivery which drive the need for a continuum of programs. The Community Health Needs Assessment allows us the opportunity to analyze and prioritize our community's needs and strengths based on vital feedback from citizens of all eight counties.

Bertie
Gates
Hertford

The priority health rankings selection process identified strategies that can be implemented to target needs that were identified in the 2018 Community Health Needs Assessment. These priorities can help to create increased opportunities for healthier outcomes in our communities. Existing relationships will continue to be nurtured and strengthened as we join together to identify new partners to innovatively address the needs of our community.

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA
Health Director
Albemarle Regional Health Services



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Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciates the help of our vital community stakeholders.

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Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Hertford County.

Service Area

The service area for this report is defined as the geographical boundary of Hertford County, North Carolina. Hertford County is located in the north east corner of the state and has an area of 360 square miles, of which 353 square miles is land and 7.3 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See [Appendix A](#) for a full list of data sources used.

Indicator values for Hertford County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see [Appendix A](#).

Primary Data

The primary data used in this assessment consisted of a community survey distributed through online and paper submissions and five focus group discussions. Over 500 Hertford County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix B for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Hertford County and are displayed in Table 1.

Table 1. Significant Health Needs

Diabetes
Economy
Education
Exercise, Nutrition & Weight
Mental Health & Mental Disorders
Substance Abuse

Selected Priority Areas

The prioritization process identified three focus areas: (1) Infant Mortality (2) Healthy Lifestyle Behaviors and (3) Substance Use & Mental Health.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Hertford County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Hertford County. Following this process, Albemarle Regional Health Services and community partners will outline how they plan to address the prioritized health needs in their community improvement plans.

Introduction

Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Hertford County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Hertford County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Vidant Roanoke Chowan Hospital, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- R. Battle Betts, Jr., MPA – Health Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

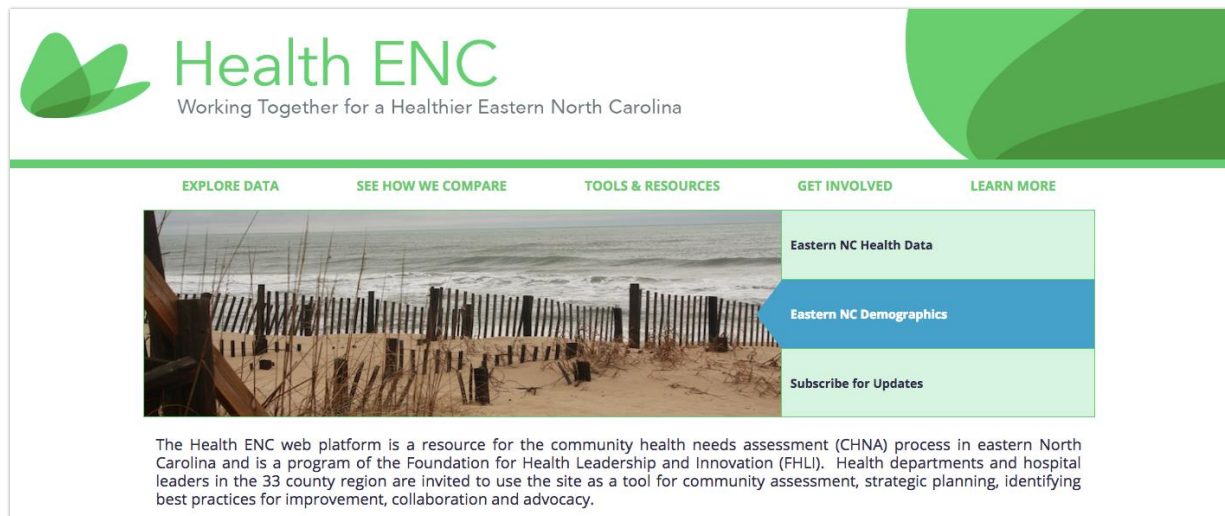
HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Community CHNA Collaborative

This document was developed by Albemarle Regional Health Services, in partnership with Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, and Vidant Roanoke Chowan Hospital as part of a local community health needs assessment process.

Hertford Health Maintenance Alliance (HHMA) was also an active partner in the development of the CHNA. HHMA's goal is to provide a pathway to health and education for uninsured and underinsured residents of Hertford County to improve health outcomes. The members of this local partnership are representatives of the agencies and organizations that serve the health and human service needs of the local population, as well as representatives from businesses, communities of faith, schools and civic groups.

Community Health Team Structure

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team consisted of 25 members that included county residents as well as representatives from various local agencies and organizations from throughout the eight county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2018 and July 2018 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, promoting and serving as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for Albemarle Regional Health Services include:

- Albemarle Hospital Foundation
- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Pasquotank County Cooperative Extension
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Town of Hertford
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Distribution

Hertford Health Maintenance Alliance and ARHS plan to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at www.arhs-nc.org. Efforts will be made with other agencies and local government, including county websites, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. ARHS staff and HHMA members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

An electronic copy of this report is also available on HealthENC.org.

Methodology

Overview

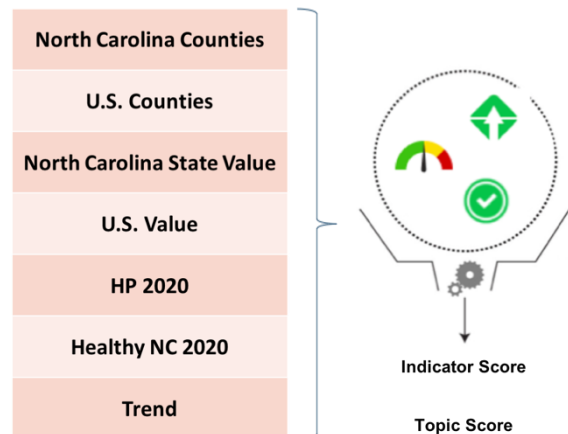
Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Hertford County.

Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 142 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Hertford County's status, including how Hertford County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Hertford County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Figure 2. Secondary Data Scoring



Please see [Appendix A](#) for further details on the secondary data scoring methodology.

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix B.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Members of the ARHS CHNA Leaders Team, assisted by members of the region's community coalitions and community volunteers, conducted the community health survey using electronic/paper surveys and a "convenience sample" technique. Surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, etc. The sample sites were deliberately chosen to assure that the participants would be representative of the demographic distribution of the community in each participating county. Surveys, which were available in English and Spanish versions, were distributed and retrieved by the volunteers in one sitting. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 494 responses were collected from Hertford County residents, with a survey completion rate of 91.5%, resulting in 452 complete responses from Hertford County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Hertford County	446	6	452

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Hertford County, what their personal health challenges are, and what the most critical health needs are for Hertford County. The survey instrument is available in [Appendix B](#).

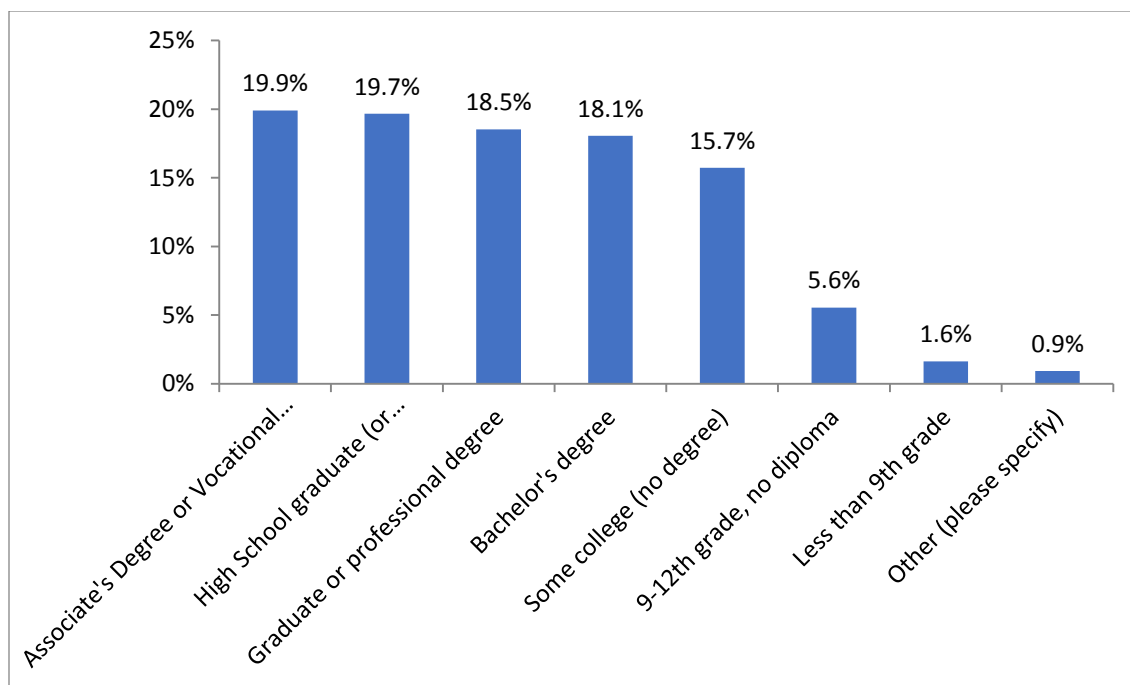
Demographics of Survey Respondents

The following charts and graphs illustrate Hertford County demographics of the community survey respondents.

Among Hertford County survey participants, 56.2% of respondents were above the age of 54, with the highest concentration of respondents (16.7 %) grouped into the 60-64 age group. The majority of respondents were female (81.6 %), Black (50.8%), spoke English at home (98.6%), and Not Hispanic (94.4 %).

Survey respondents had varying degrees of education, with the highest share of respondents (19.9 %) having an associate's degree or vocational training and the next highest share of respondents (19.7 %) having a high school graduate (or ...). The next highest share of respondents (18.5 %) having a graduate or professional degree.

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, half of the respondents were employed full-time. The highest share of respondents (16.0%) had household annual incomes \$ \$35,000 to \$49,999 before taxes. The average household size was 2.5 individuals.

Figure 4. Employment Status of Community Survey Respondents

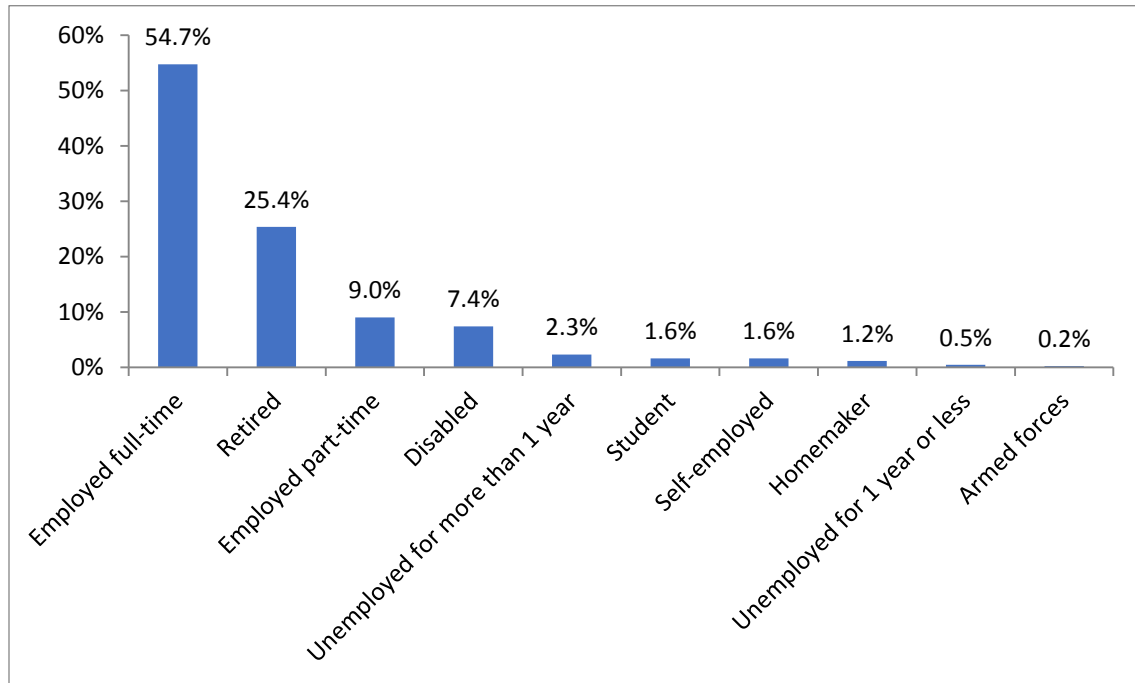
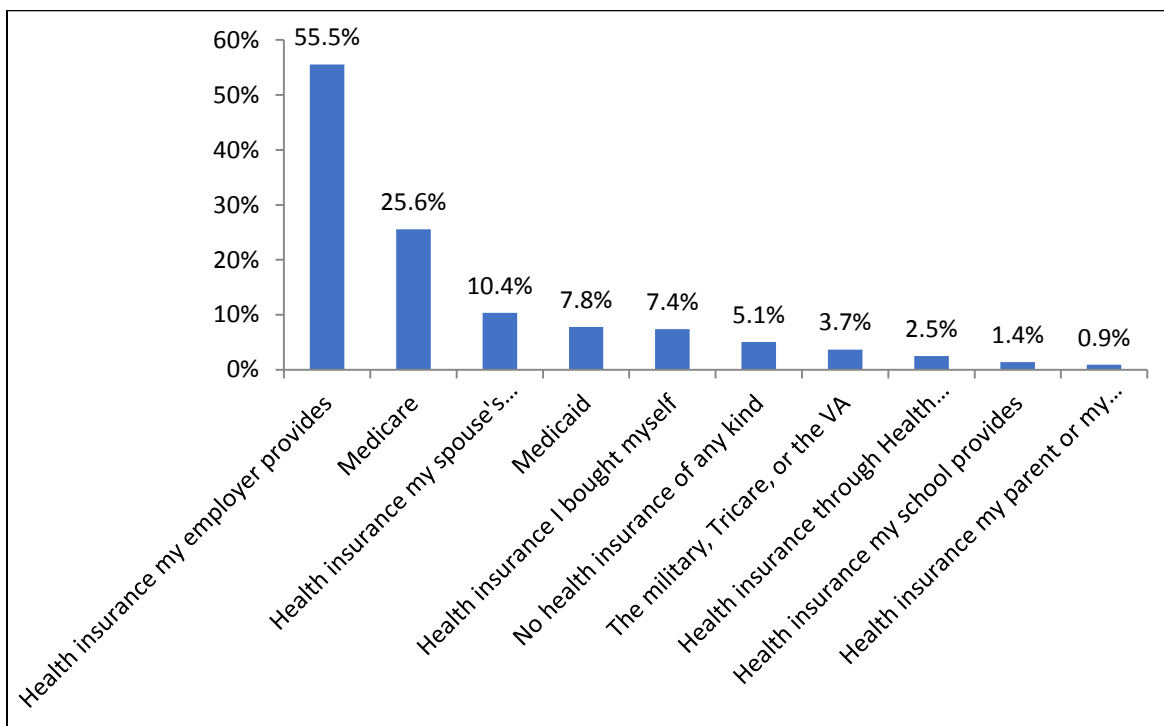


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (55.5%), while 25.6% have Medicare, 10.4% have health insurance from their spouse's employer and 5.1% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](https://www.healthenc.org). Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Hertford County. A list of questions asked at the focus groups is available in Appendix B.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

ARHS partnered with Vidant Roanoke Chowan Hospital to collect primary data for the 2018 CHNA process for Hertford County. Focus groups were led by trained moderators to learn more about the community's definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA Leaders Team collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Five focus group discussions were completed within Hertford County between June 7, 2018 – July 23, 2018 with a total of 50 individuals. Participants included senior citizens, young adults and farm workers. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/7/2018	Ahoskie Senior Center	Senior Citizens	12
7/12/2018	Roanoke-Chowan Community College	Young Adults, Students	10
7/18/2018	Hertford County Health Department	General Population	9
7/23/2018	St. Thomas Episcopal Church – Ahoskie, NC	General Population	13
7/23/2018	Ahoskie, NC	Migrant Farm Workers, Latino/Hispanic	6

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups alongside the responses from the community survey, the primary data collection process for Hertford County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2018 CHNA process. The data was presented by ARHS, Sentara, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Monday, January 14, 2019:

Roanoke Chowan Community Health Clinic, Ahoskie, NC (Hertford County)

Wednesday, January 16, 2019:

Vidant Bertie Hospital, Windsor, NC (Bertie County)

Friday, January 18, 2019:

Shepard Pruden Library, Edenton, NC (Chowan County)

Monday, February 11, 2019:

Merchants Millpond State Park, Gatesville, NC (Gates County)

Friday, February 15, 2019:

Sentara Albemarle Medical Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families

Behavioral Health

Board of Education/School System

City Government

Community College/University

Community Health Centers

Cooperative Extension

County Government

County Commissioners

Hospital Foundations

Law Enforcement

Local Health Departments

Local Hospitals

Local Treatment Centers

NC Partnership for Public Health

Rescue/Emergency Management Services

Smart Start

United Way

After reviewing the CHNA presentation for each county, discussion took place among the participants to determine community priority issues relating to the following criteria:

- Magnitude of the Problem: The size or extent of the problem as it relates to your county.
- Consequences of the Problem: How the economic, social, cultural, and political issues within your county might be influenced by addressing this issue.
- Feasibility: Are there enough resources in the county to address this issue and is the community ready to address this issue?
- Duplication: Is this issue already being addressed by other community stakeholders/programs?

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues by placing a colored sticker next to their choices. After the post-presentation results were collected, the health issues were tallied. For Hertford County those were, in no particular order:

- Substance Use & Mental Health
- Healthy Lifestyle Behaviors
- Infant Mortality

Overview of Hertford County

About Hertford County

Hertford County is a rural agriculture county located in the Northeastern coastal plains of North Carolina. It is bordered on the North by Virginia, on the east by Gates County and Chowan County, on the South by Bertie County and on the east by Northampton County. The Chowan River is the boundary between Hertford County and Gates and Chowan Counties.

The soil and natural water resources of Hertford County sustained its early inhabitants. Three separate tribes called modern-day Hertford County home; the Tuscarora, Chowanoac and Meherrin all lived in the region. The Meherrin Tribe of Hertford County is recognized by the state, with more than 700 of the 900 tribal members residing around Winton near the Meherrin River. The first non-indigenous settlers came from Southside Virginia to take advantage of the more productive soil.

Hertford County was formed in 1759 from Chowan, Bertie and Northampton counties and was named in honor of Francis Seymour Conway, Earl of Hertford. The Chowan River serves as a boundary between Hertford and Gates Counties. The first court was held at Cotton's Ferry but nearby Winton, originally Wynntown, was incorporated in 1766 and replaced Cotton's Ferry as the county seat. The town's location on the Chowan River resulted in an affluent river port.

River Seaports, Townships and Economic Development

The Chowan River was a major shipping route from the mid 1600s to the late 1800s. Tobacco and cotton from area plantations were shipped from Winton and Murfreesboro to the Albemarle Sound where the products were then shipped abroad. The Hurricane of 1795 struck an economic blow to the river seaports in Northeastern North Carolina because it closed the Roanoke Inlet that was located between the present Kill Devil Hills and Nags Head townships. The Roanoke Inlet was the shortest and easiest route through the barrier islands to the Atlantic Ocean at that time. The further decline of Winton was hastened by two occurrences: the use of bigger ships and the coming of the railroad. Folklore has it that Winton failed to grow as fast as Ahoskie because a Winton landowner refused to sell land to the Railroad in 1839 thereby causing the Railroad to be routed around Winton and through Ahoskie which became the county's center of commerce. Murfreesboro, located on the Meherrin River, is the second largest township. Old deeds indicate that settlers lived on the site of Murfreesboro as early as 1710. The site was initially a landing site where exports and imports were inspected by a representative of the English Crown.

During the 1900's much of the rest of the state progressed but the northeast lagged behind. Trucks eventually replaced railroads as the quickest and cheapest way to transport goods. Good roads that connect to major cities are an economic asset. Unfortunately, the roads in the northeast did not keep up with the road progress in much of the state and travel into and out of the region is, for the most part, time consuming. All highways running through the county are two lanes, part of the blame for the high Motor Vehicle Accident mortality rate. The closest Interstate, Interstate 95, is an hour away. There are no metropolitan areas within Hertford County or any in the three North Carolina counties bordering the county. Both Highway 13 (North/South) and Highway 158, (East/West) intersect in the County, and are to be upgraded to four-lane highways by act of the Highway Trust Fund of the 1989 Session of the NC General Assembly. Work has recently begun on Highway 158.

Winton still serves as the county seat. In August 1830, all of the town records were destroyed by a fire set by an arsonist. More records were destroyed in February 1862 when the courthouse was set on fire by Union soldiers; the first courthouse to have this distinction during the Civil War. The current courthouse was built in 1955.

According to local leaders, the public school system has been a deterrent for moving to the county by professionals with children. Getting and keeping teachers has been a problem since the late 1970s. The present land area is 360 square miles of which 353 is land and 7 is water. The average elevation is 45 feet above sea level with soil that poorly supports septic systems.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Hertford County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Hertford County has a population of 24,136 (Figure 6). The population of Hertford County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

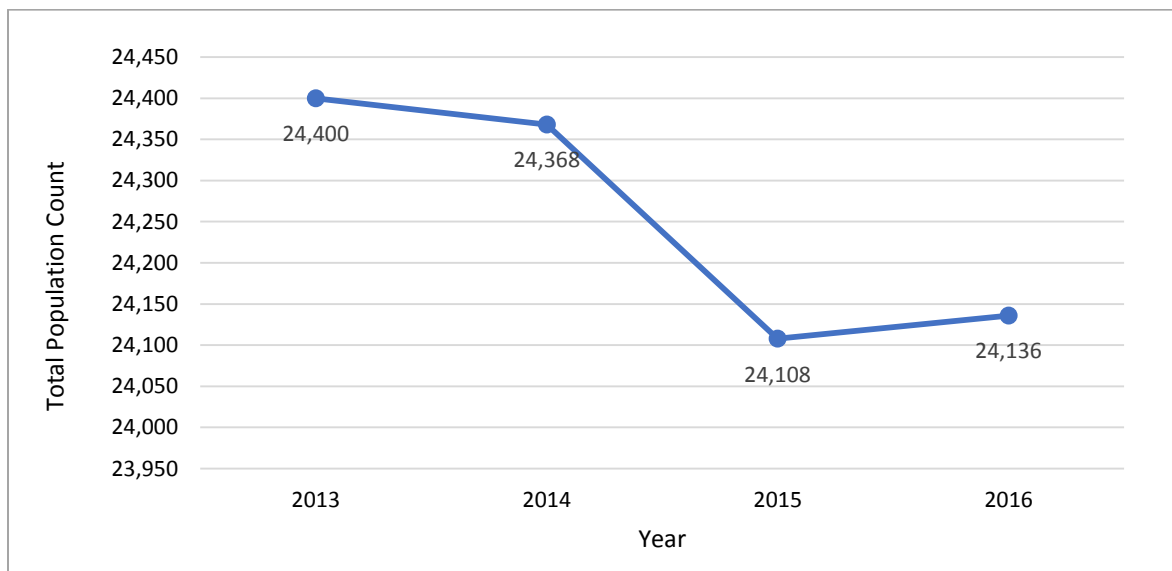
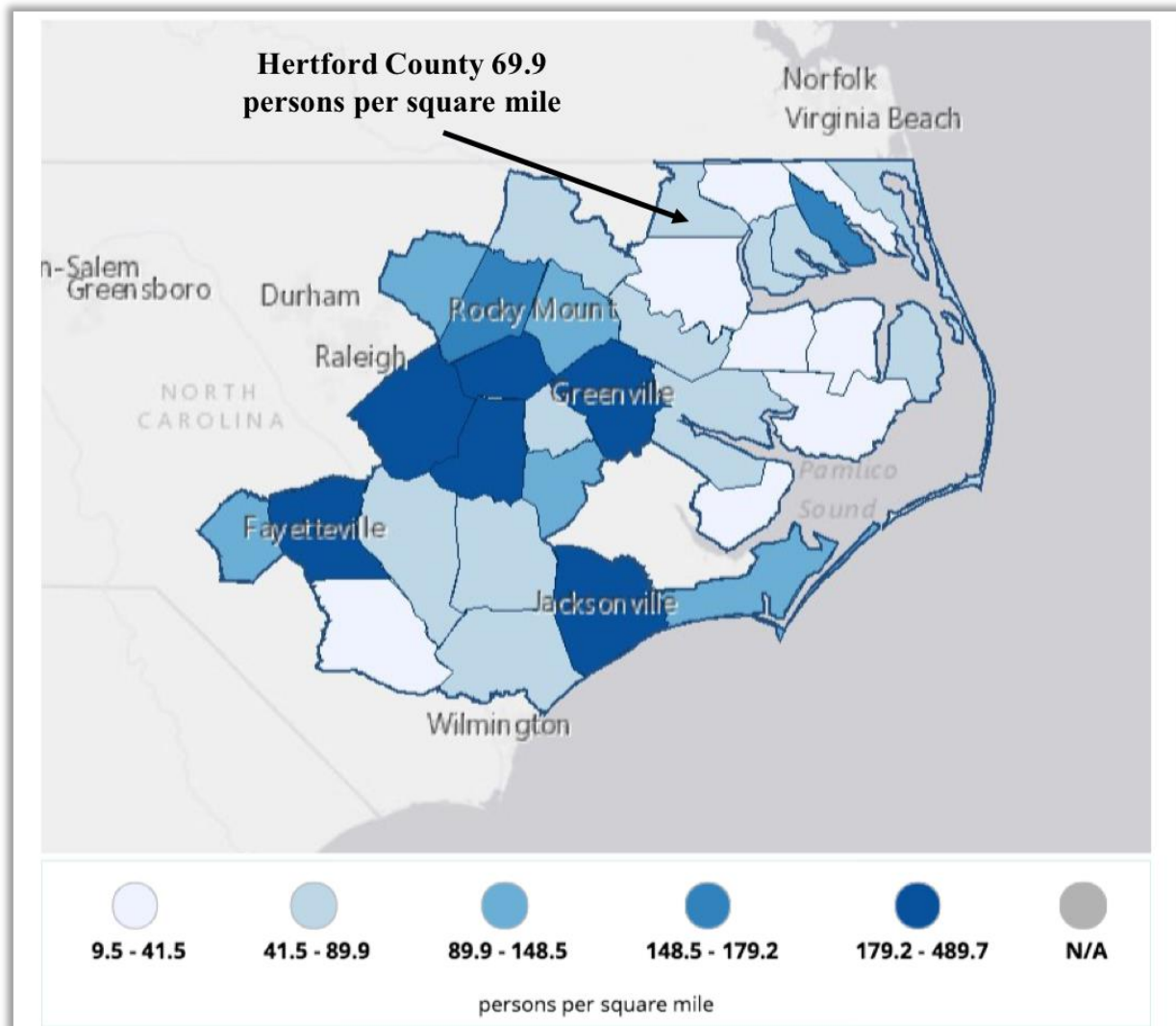


Figure 7 shows the population density of Hertford County compared to other counties in the Health ENC region. Hertford County has a population density of 69.9 persons per square mile.

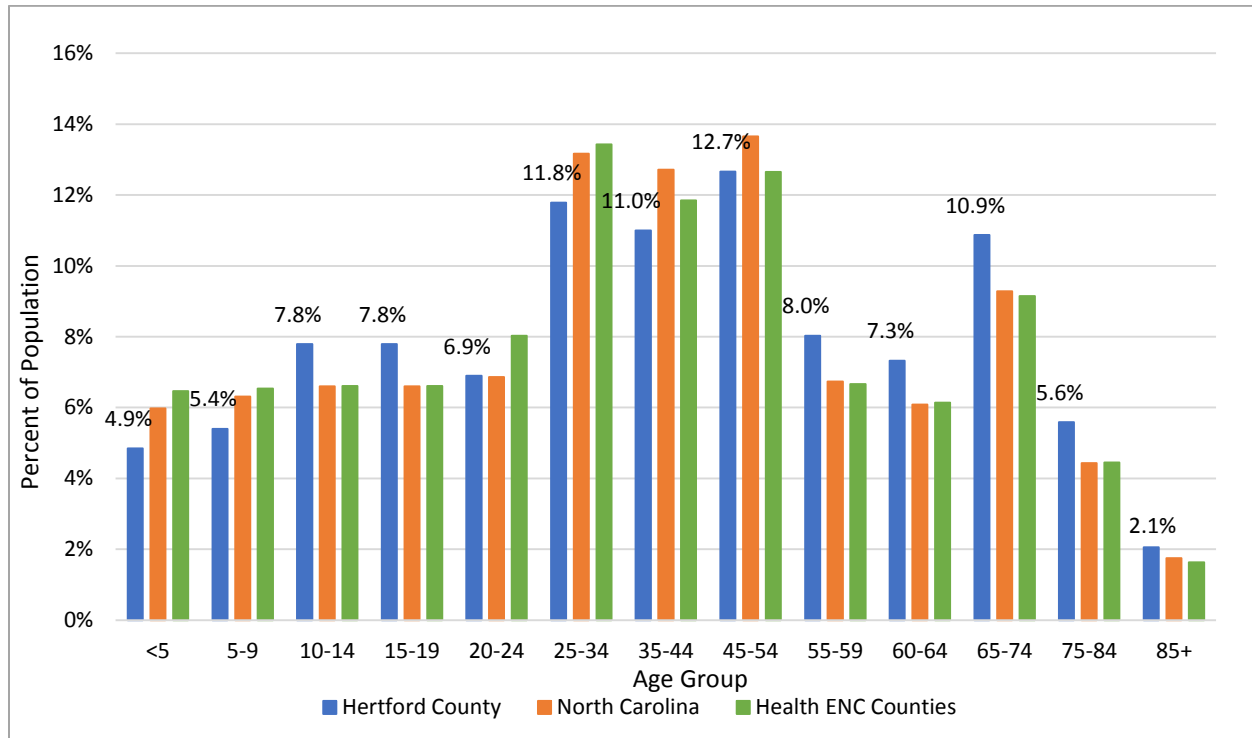
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

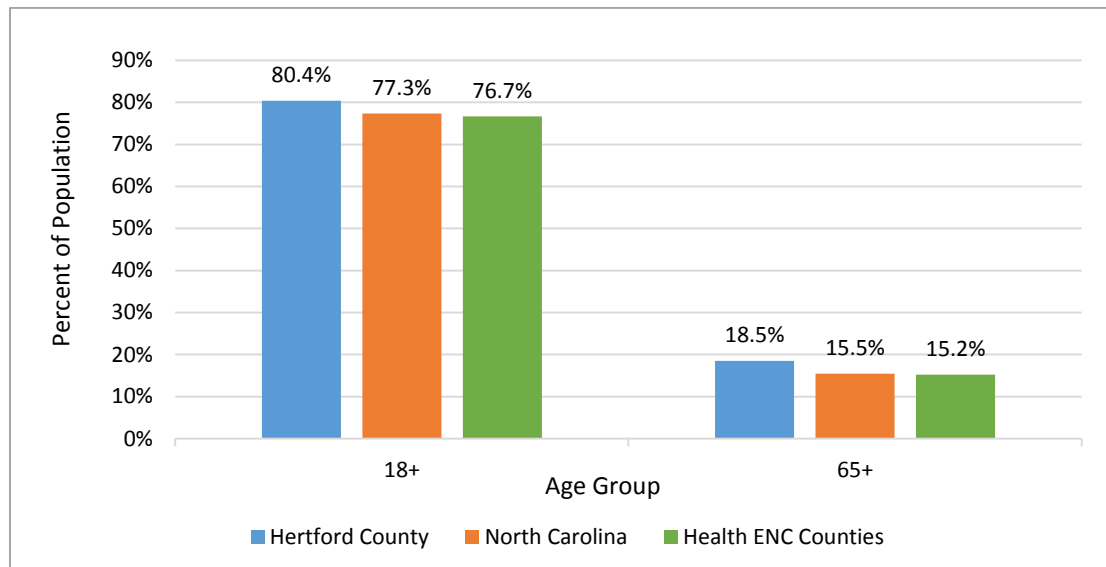
Overall, Hertford County residents are older than residents of North Carolina and the Health ENC region. Figure 8 shows the Hertford County population by age group. The 45-54 age group contains the highest percent of the population at 12.7%, while the 25-34 age group contains the next highest percent of the population at 11.8%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 18.5% of the Hertford County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 49.5% of the population, whereas females comprise 50.5% of the population (Table 5). The median age for males is 39.0 years, whereas the median age for females is 45.0 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

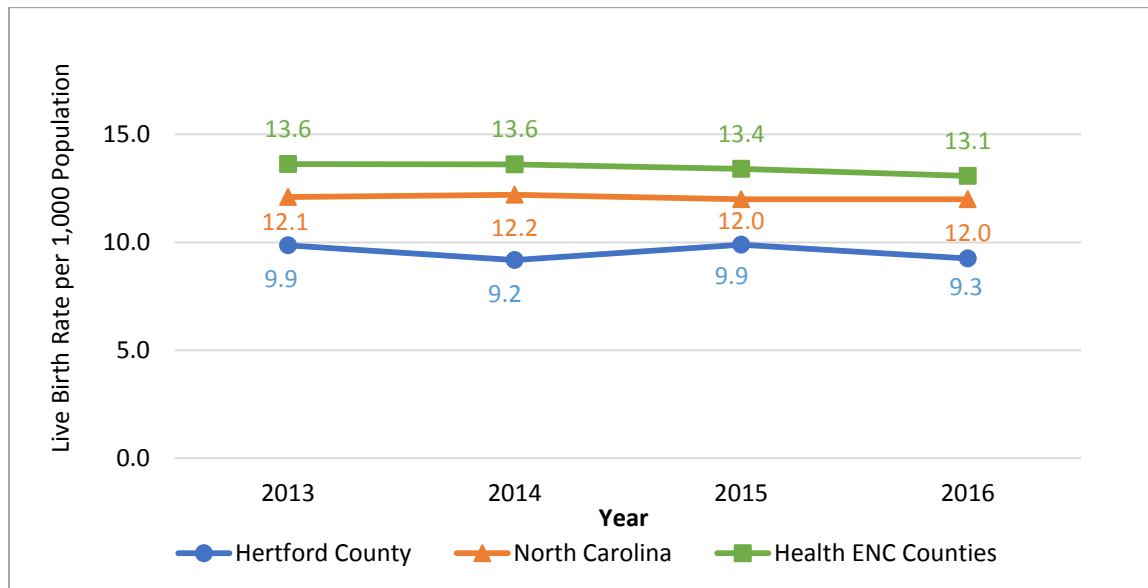
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Hertford County	49.5%	50.5%	80.1%	15.5%	80.7%	21.4%	39.0	45.0
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Hertford County (9.3 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1).

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



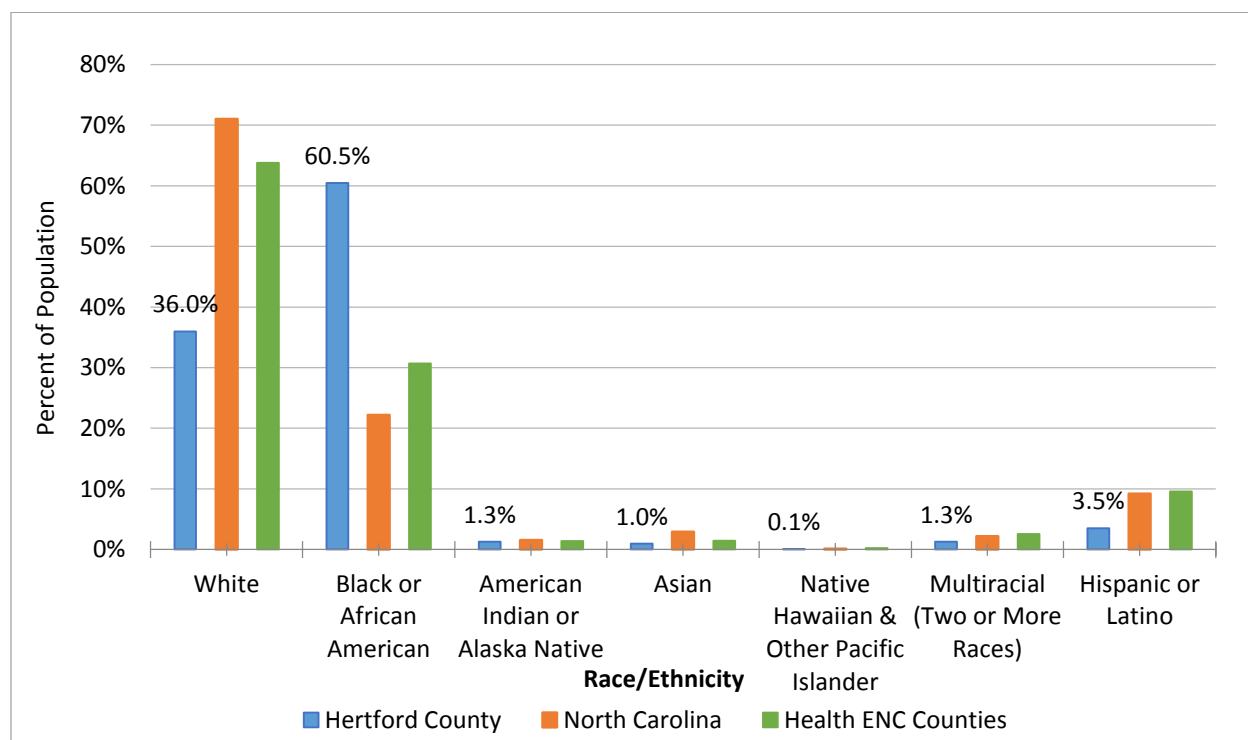
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Hertford County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Hertford County (36.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Hertford County has a larger share of residents that identify as Black or African American (60.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.5% of Hertford County, which is a smaller proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

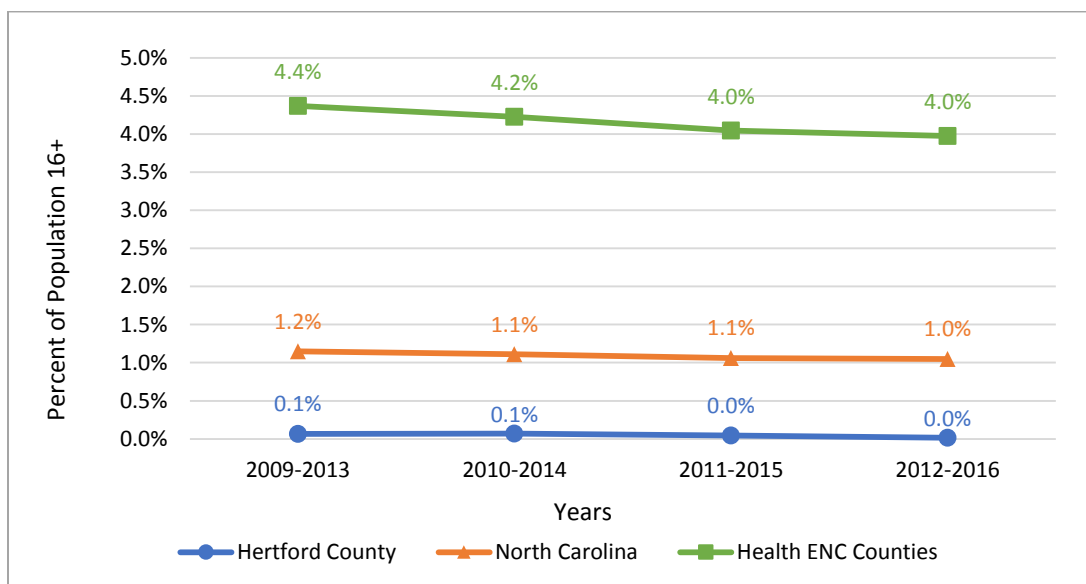
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Hertford County has a smaller share of residents in the military (0.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). Figure 12 also shows the trend analysis of the military population over the 4 most recent measurement periods. Across four time periods, the percent of the population in the military has decreased for all three jurisdictions, and is smaller in Hertford County than in North Carolina and the Health ENC region.

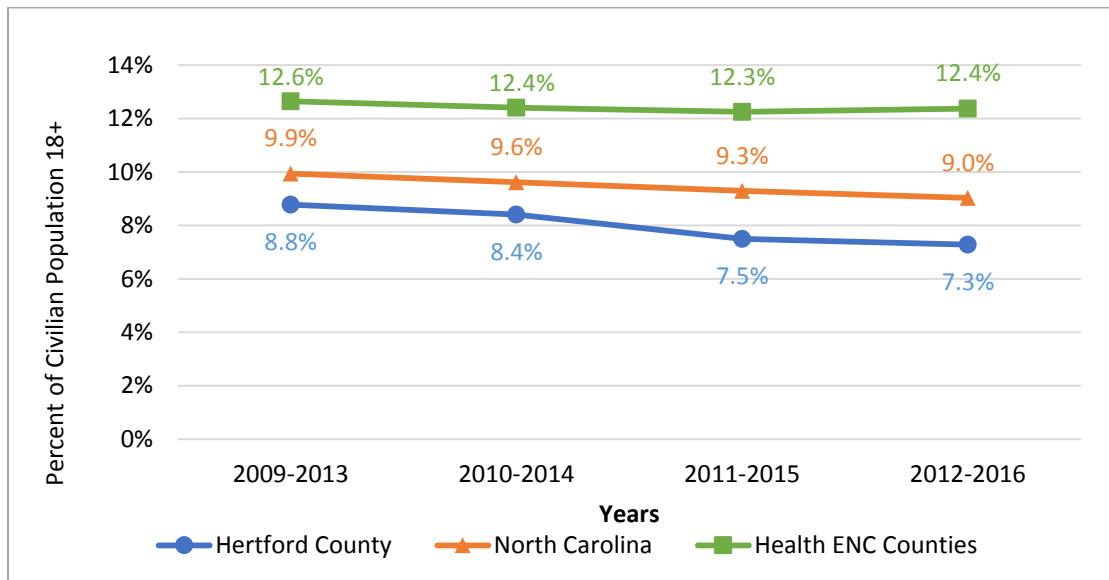
Figure 12. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Hertford County has a veteran population of 7.3% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). The veteran population of Hertford County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

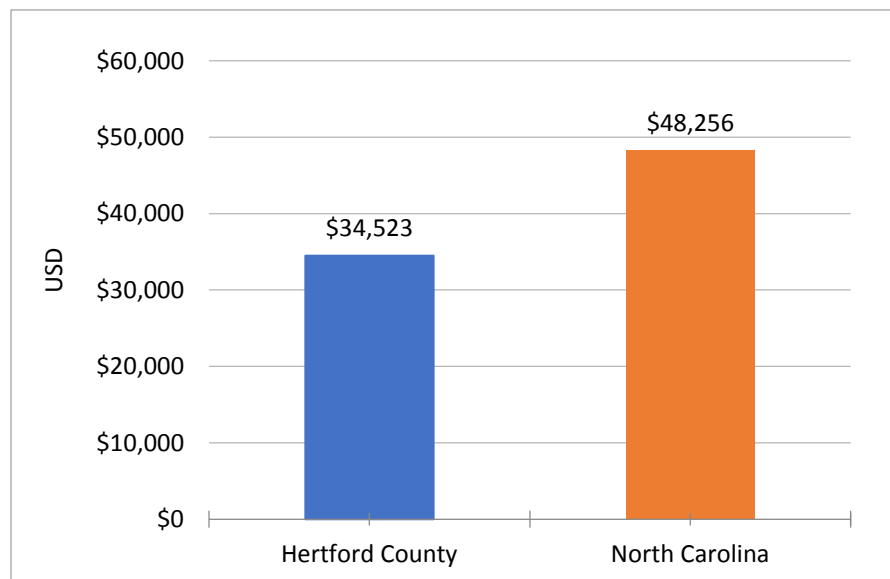
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Hertford County has been assigned a Tier 1 designation for 2018.

Income

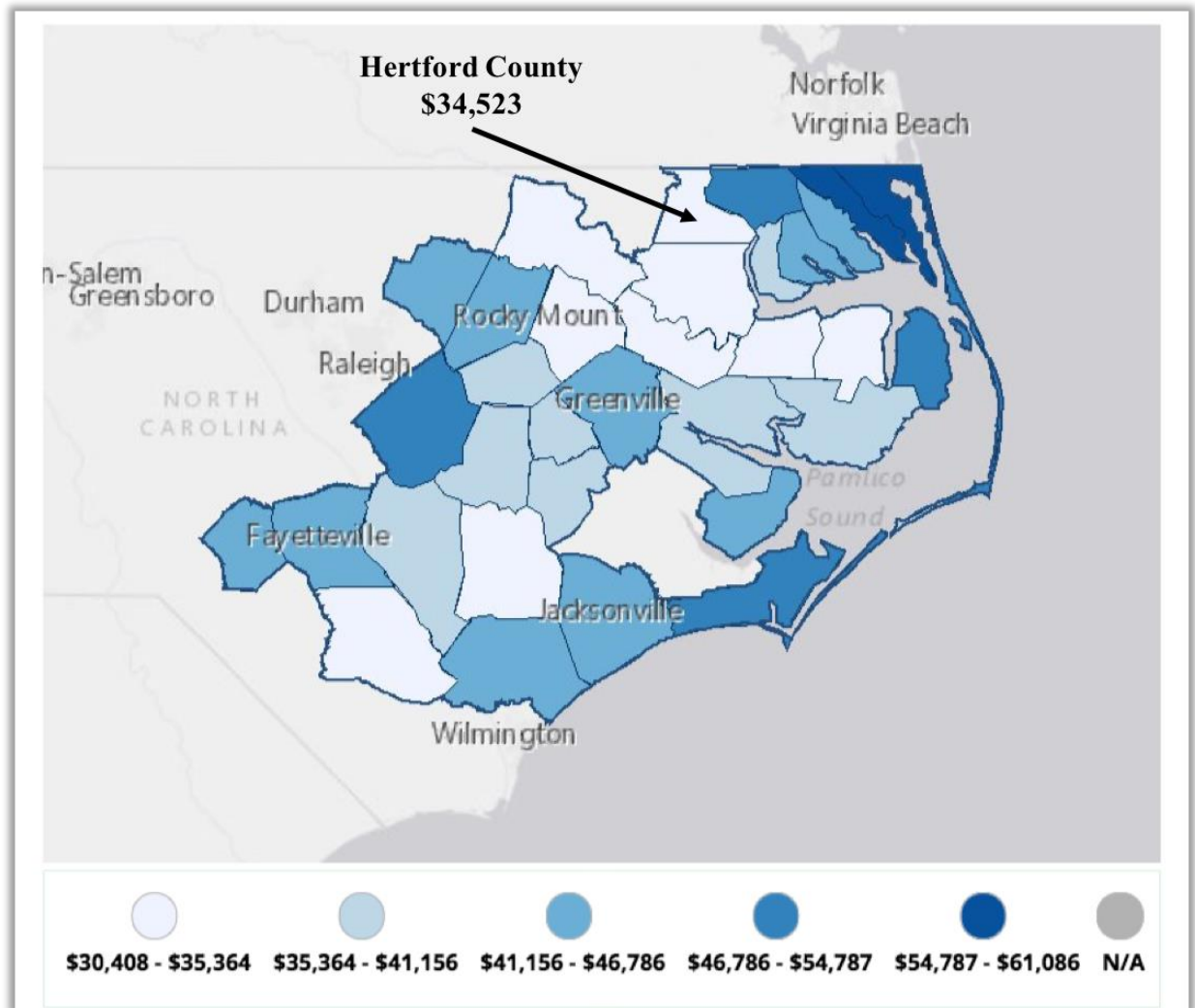
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Hertford County (\$34,523), which is lower than the median household income in North Carolina (\$48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



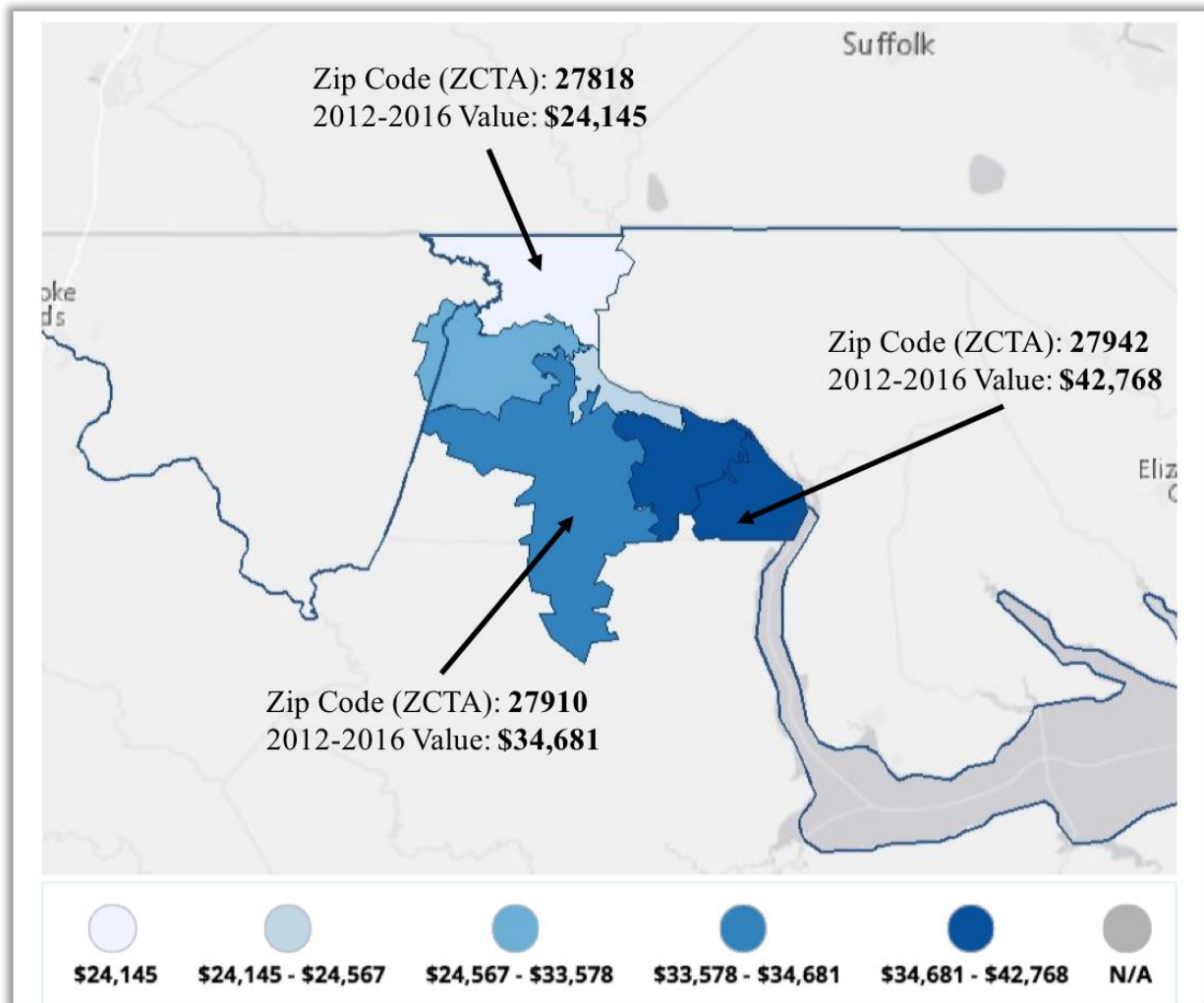
Compared to counties in the Health ENC region, Hertford County has a relatively low median household income (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)**



Within Hertford County, zip code 27818 has the lowest median household income (\$24,145) while zip code 27942 has the highest median household income (\$42,768) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

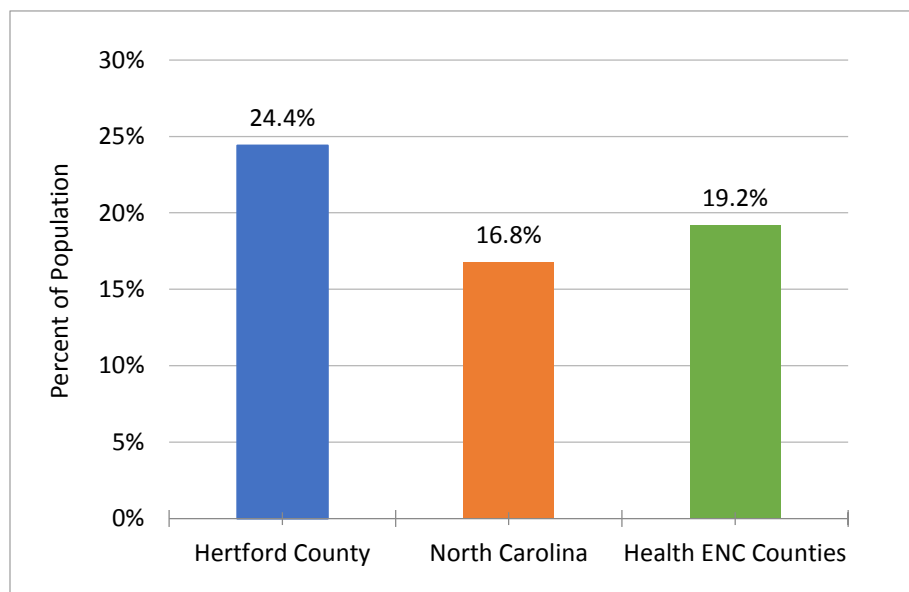


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

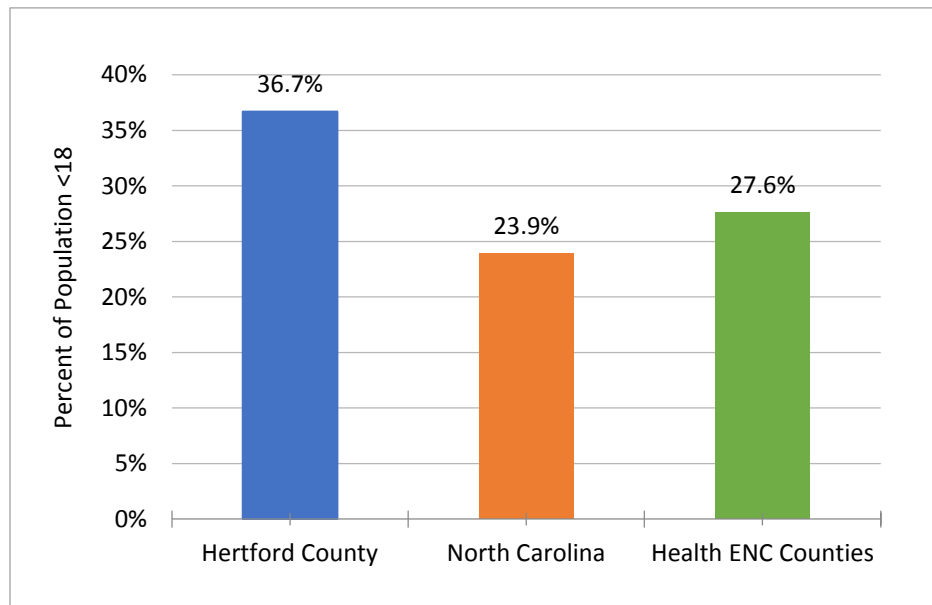
As seen in Figure 17, 24.4% percent of the population in Hertford County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



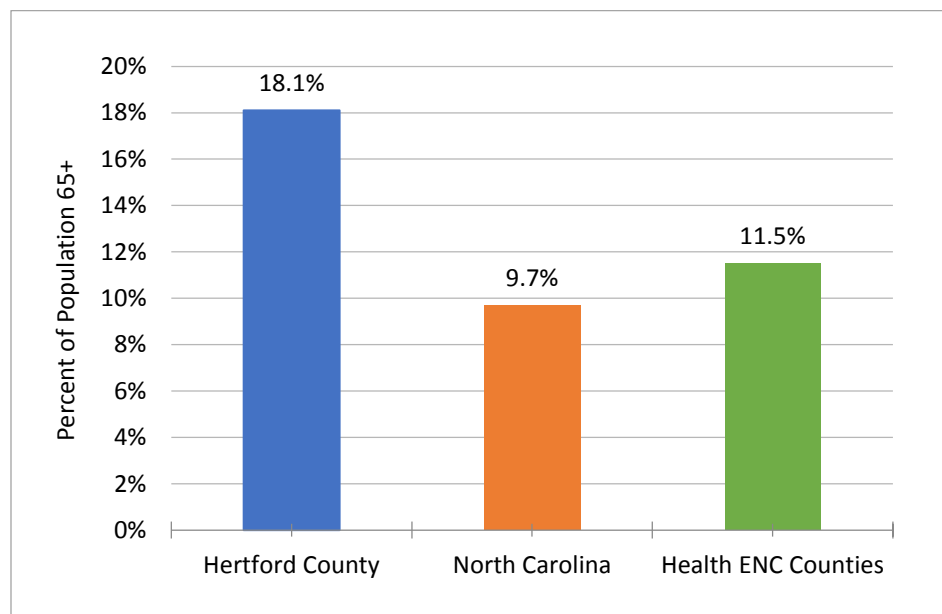
As shown in Figure 18, the rate of children living below the poverty level is also higher for Hertford County (36.7%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



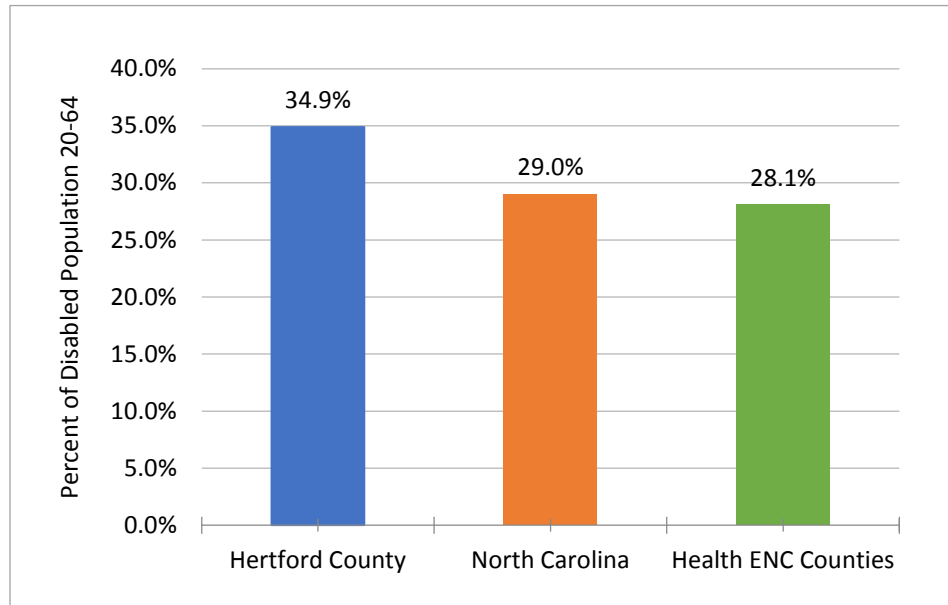
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Hertford County (18.1%) than in North Carolina (9.7%) and the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Hertford County (34.9%) is higher than the rate in North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

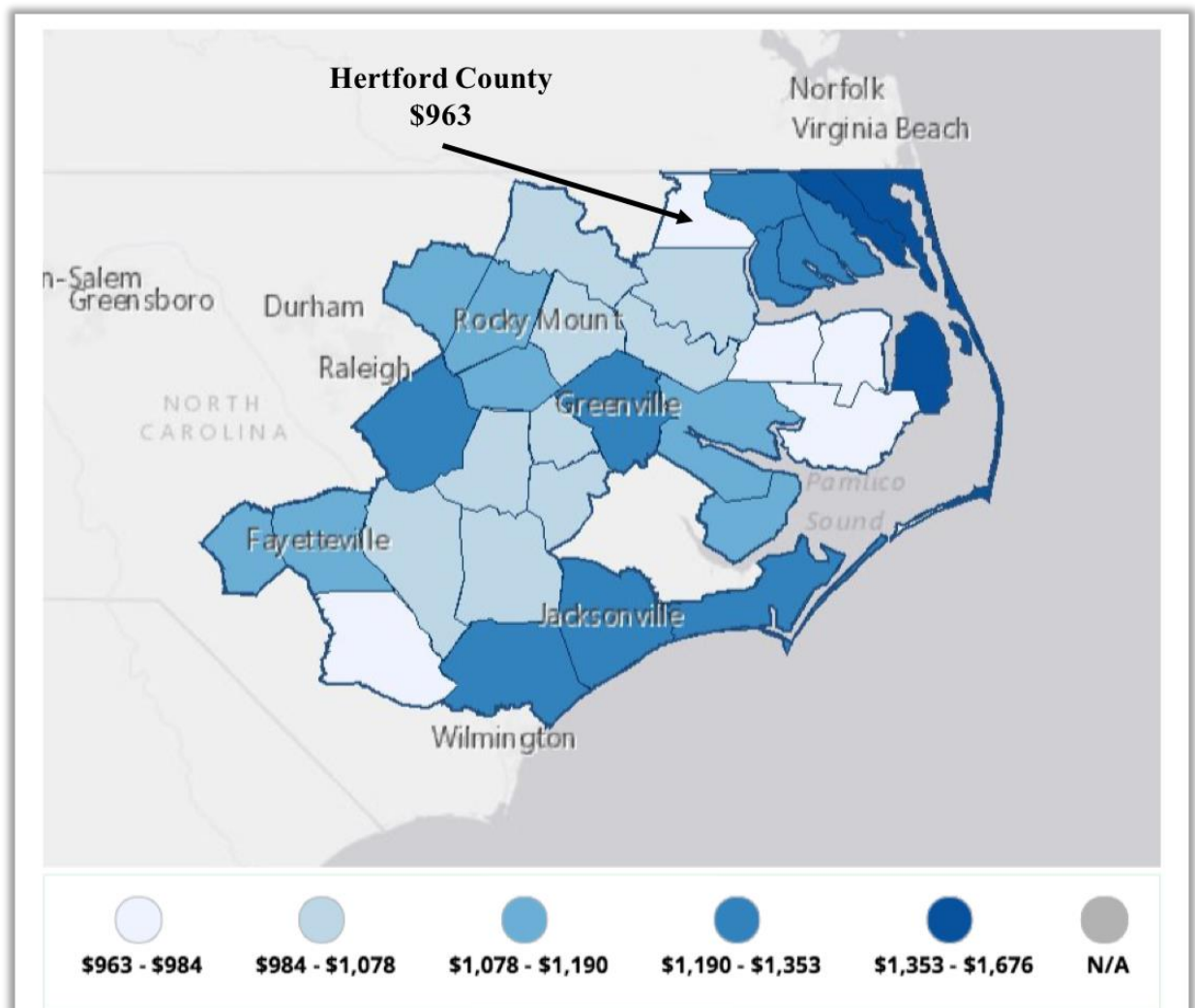


Housing

The average household size in Hertford County is 2.5 people per household, which is the same as the average household size in North Carolina.

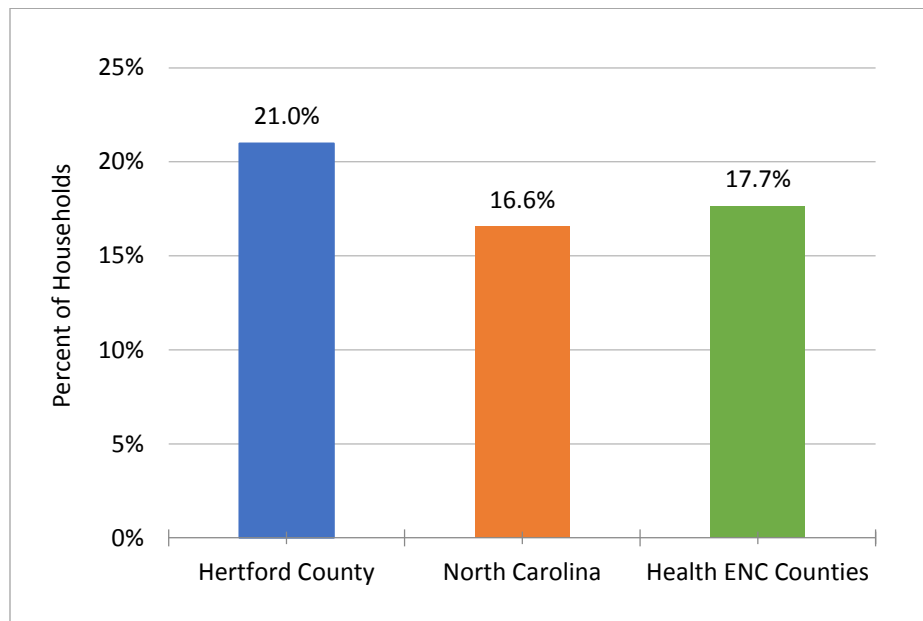
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Hertford County, the median housing costs for homeowners with a mortgage is \$963, which is the lowest of all counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 21.0% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

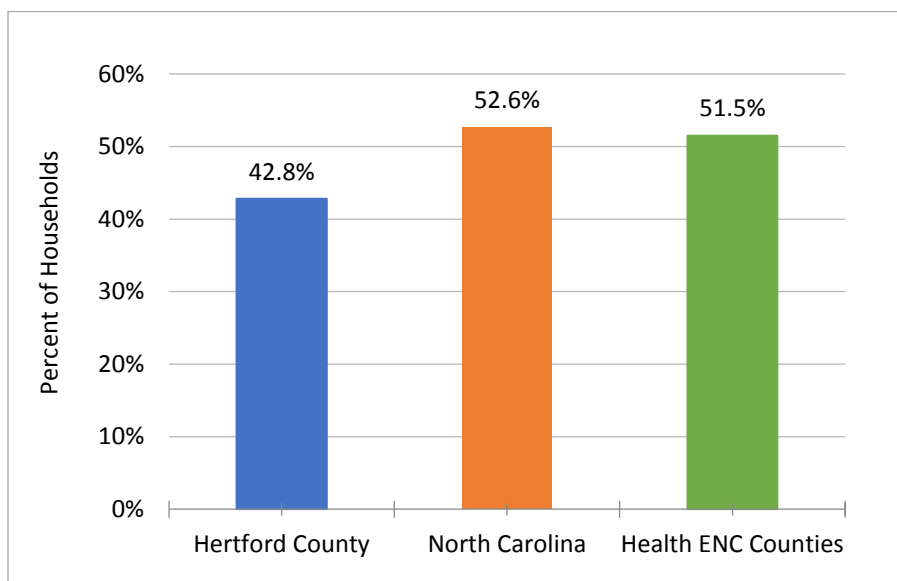


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Hertford County, 42.8%, is lower than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Access to Grocery Stores and Farmers' Markets

- In 2014, there were eight grocery stores listed in Hertford County.
<https://www.ers.usda.gov/FoodAtlas/>
- From 2010 to 2015, Hertford County households with no car and therefore low access to grocery stores decreased from 9.3% to 7.1%.
- From 2010 to 2015 persons in Pasquotank County with low income and low access to grocery stores decreased from 6.3% to 5.3%.
- Despite the rural, agrarian nature of much of the ARHS region, there are very few farmers' markets anywhere in the region. In 2016, The US Department of Agricultural listed the following counties in the ARHS region with having markets:
Chowan County: 1
Currituck County: 11
Hertford County: 1
Pasquotank County: 1

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Hertford County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Hertford County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27922, with an index value of 95.3, has the highest level of socioeconomic need within Hertford County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Hertford County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

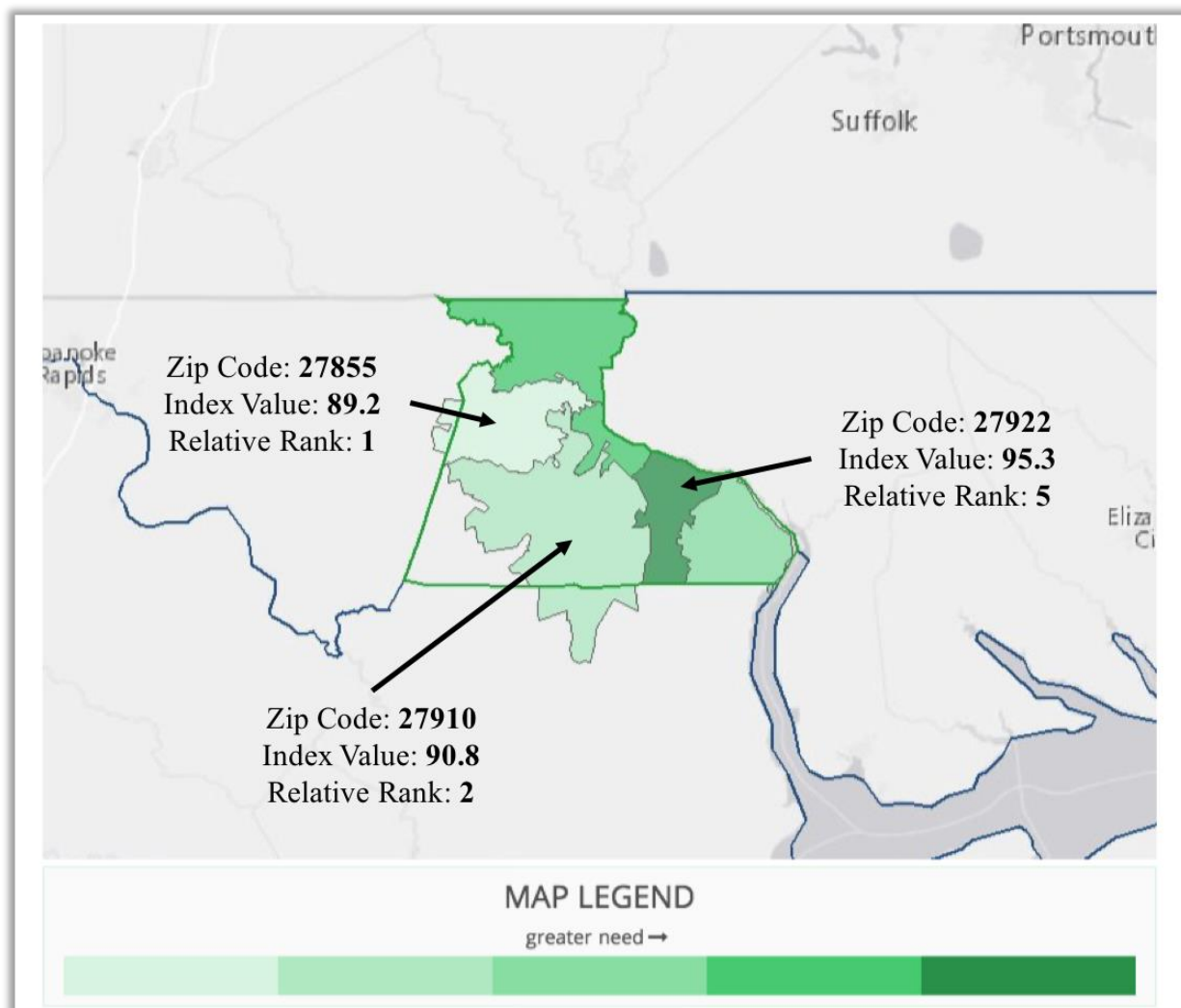


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
27922	95.3	5
27818	94.5	4
27986	93.9	4
27942	91.0	3
27910	90.8	2
27855	89.2	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

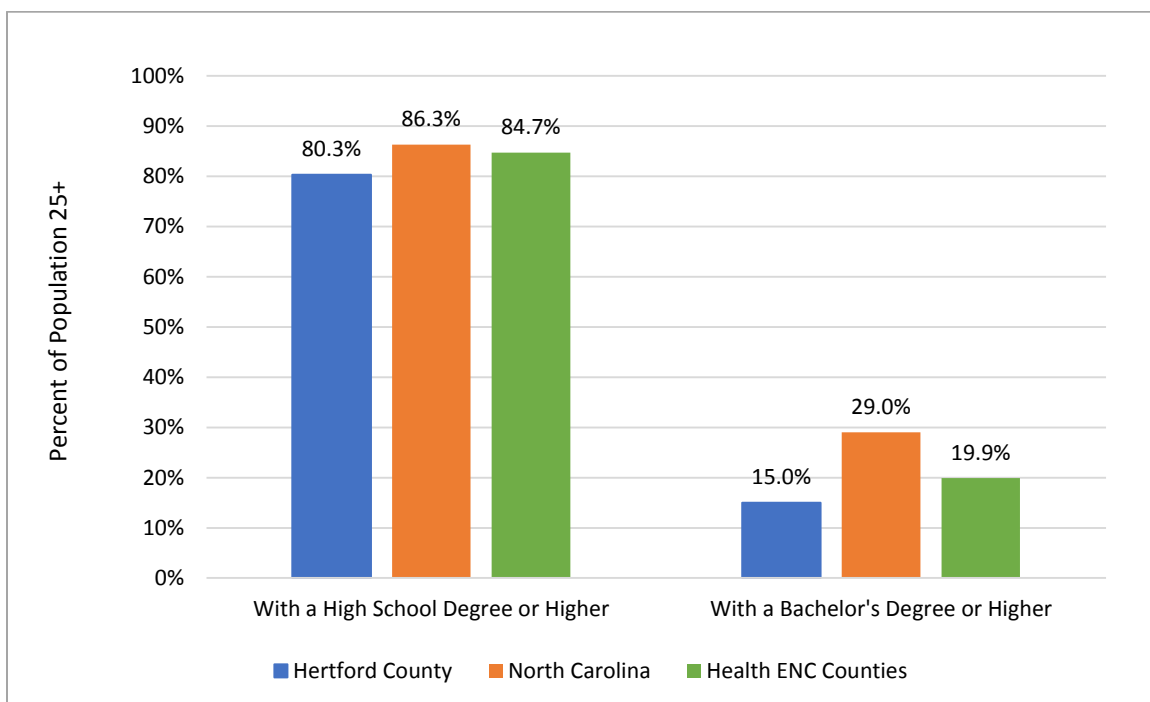
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

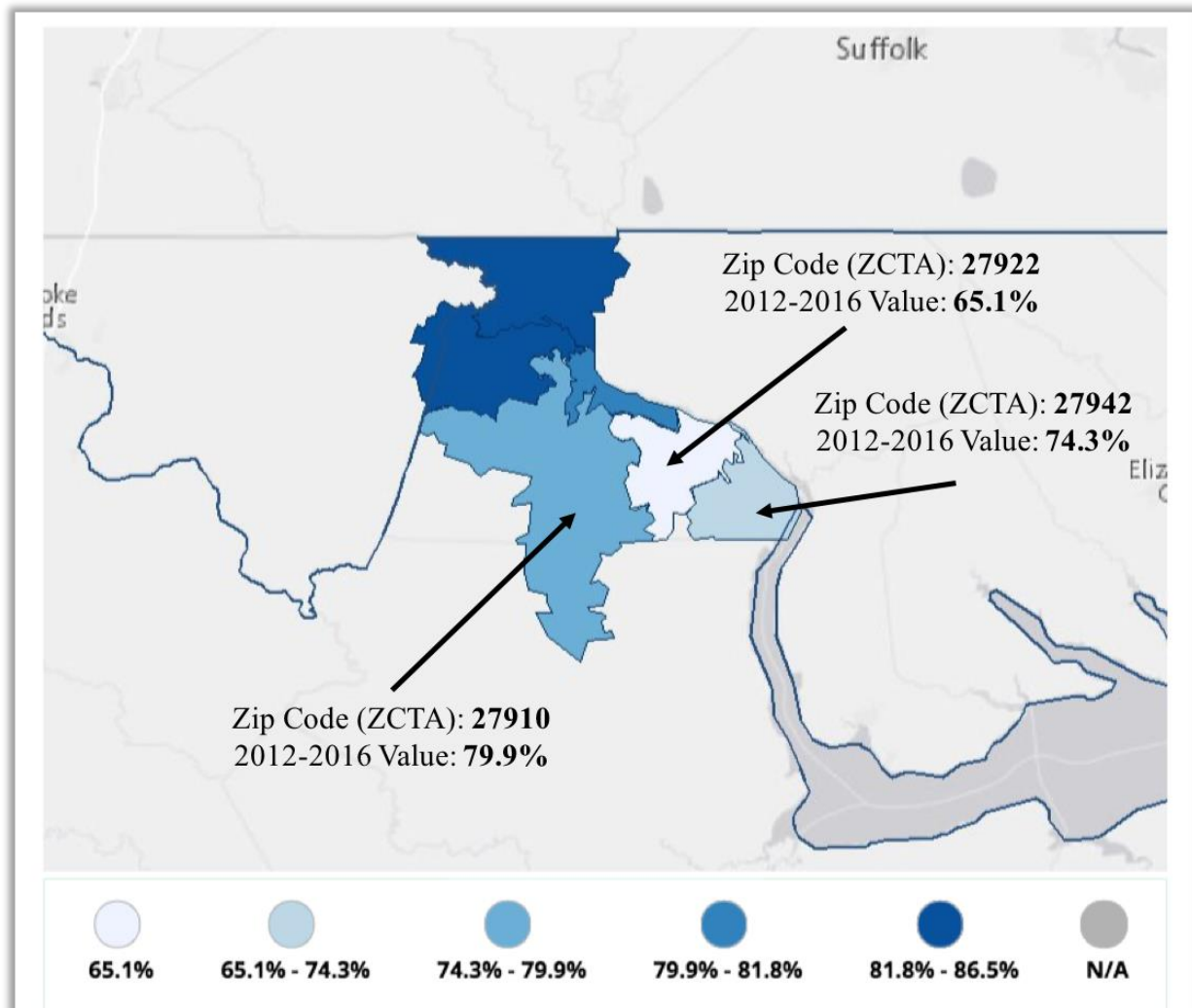
Countywide, the percent of residents 25 or older with a high school degree or higher (80.3%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Hertford County is also lower than the state and regional value. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 19.9% in Health ENC counties and 15.0% in Hertford County (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Countywide the high school degree attainment rate varies. For example, zip code 27922, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), has a high school graduation rate below 70% (Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)**

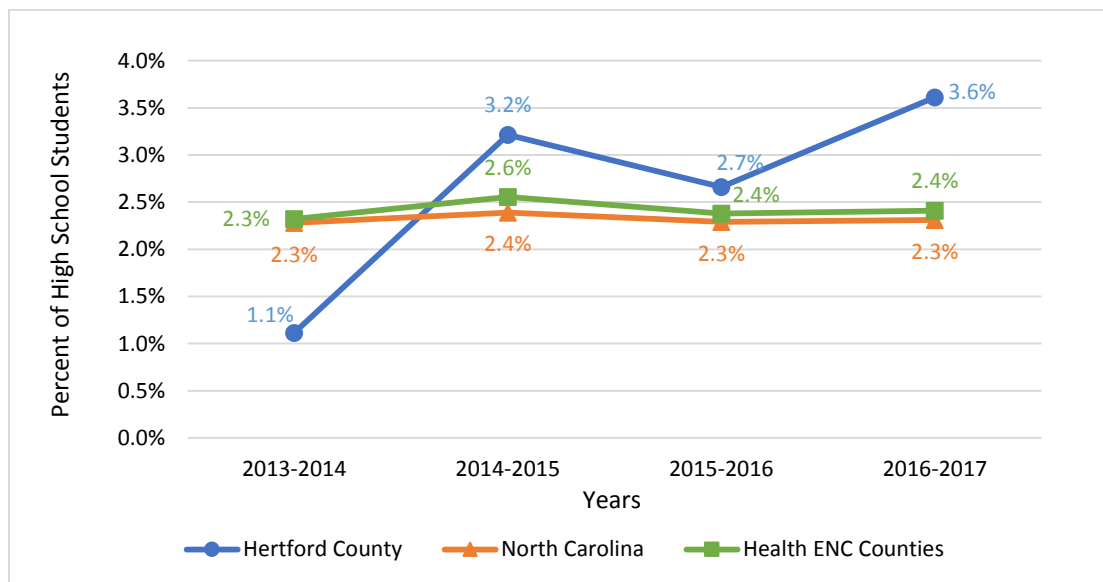


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Hertford County's high school dropout rate, given as a percent of high school students in Figure 27, was 3.6% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Further, Hertford County's high school dropout rate has increased from 1.1% in 2013-2014 to 3.6% in 2016-2017.

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

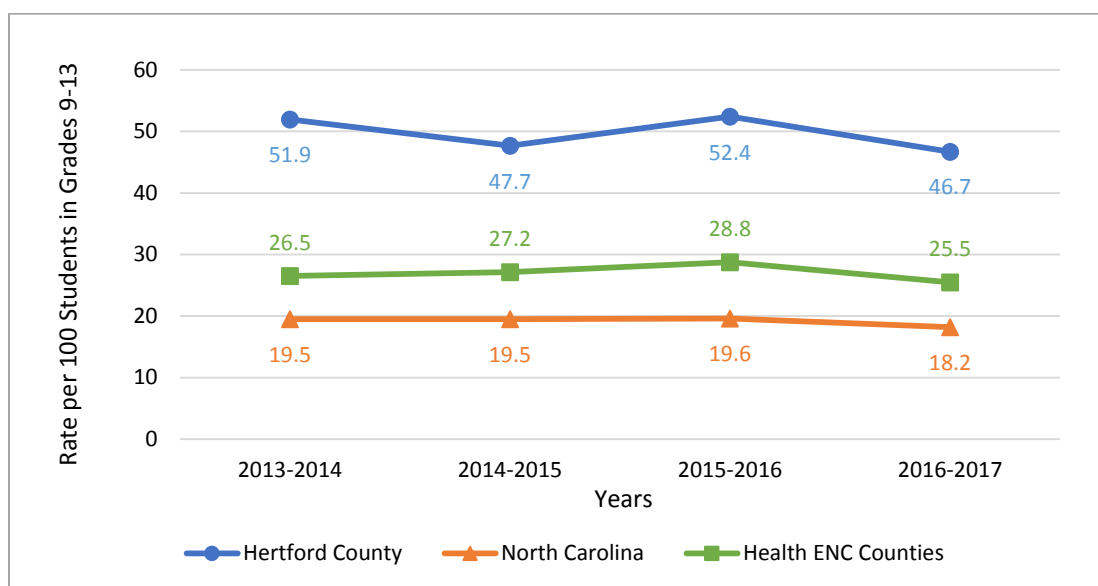


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Hertford County's rate of high school suspension (46.7 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. While the county rate has decreased since 2013-2014, the values are still higher than those in North Carolina and the Health ENC region over the past four measurement periods (Figure 28).

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Environmental Profile

AIR QUALITY

The US Environmental Protection Agency (EPA) maintains air quality monitoring stations throughout the country to continuously measure the air pollutants that most affect the health and wellbeing of the public: carbon monoxide, nitrous oxide, sulfates, ozone and particulate matter. These stations tend to be located in populous areas or along highway routes that carry significant traffic loads, but none are located in or near Hertford County, so there is no Air Quality Index (AQI) data for this locale.

http://www.epa.gov/airdata/ad_rep_aqi.html

DRINKING WATER

The EPA's Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations, as reported to EPA by the states. The EPA establishes maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers.

As of October 10, 2018, SDWIS listed eight active water systems in Hertford County, all of which were *Community Water Systems* that served an estimated 20,174 people (84% of the county's population). A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these eight CWS, there were no health violations in the past 10 years.

<https://www3.epa.gov/enviro/facts/sdwis/search.html>

SOLID WASTE

Hertford County operates 7 collection and recycling centers in the county which may be used by any citizen of the county to dispose of residential waste and recyclable materials. Hertford County and all of the municipalities utilize the Addington Landfill in Bertie County to dispose of their residential, non-residential, and construction/demolitions wastes.

RABIES

According to the Epidemiology Section of NC DPH, there were three confirmed cases of rabies in animals in Hertford County between 2008 and 2018. Rabies is not common in the ARHS region, with only 43 cases identified region-wide over the ten year period presented.

<http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables>

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 3.5% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Hertford County, with an estimated 0.6% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Hertford County, 86.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

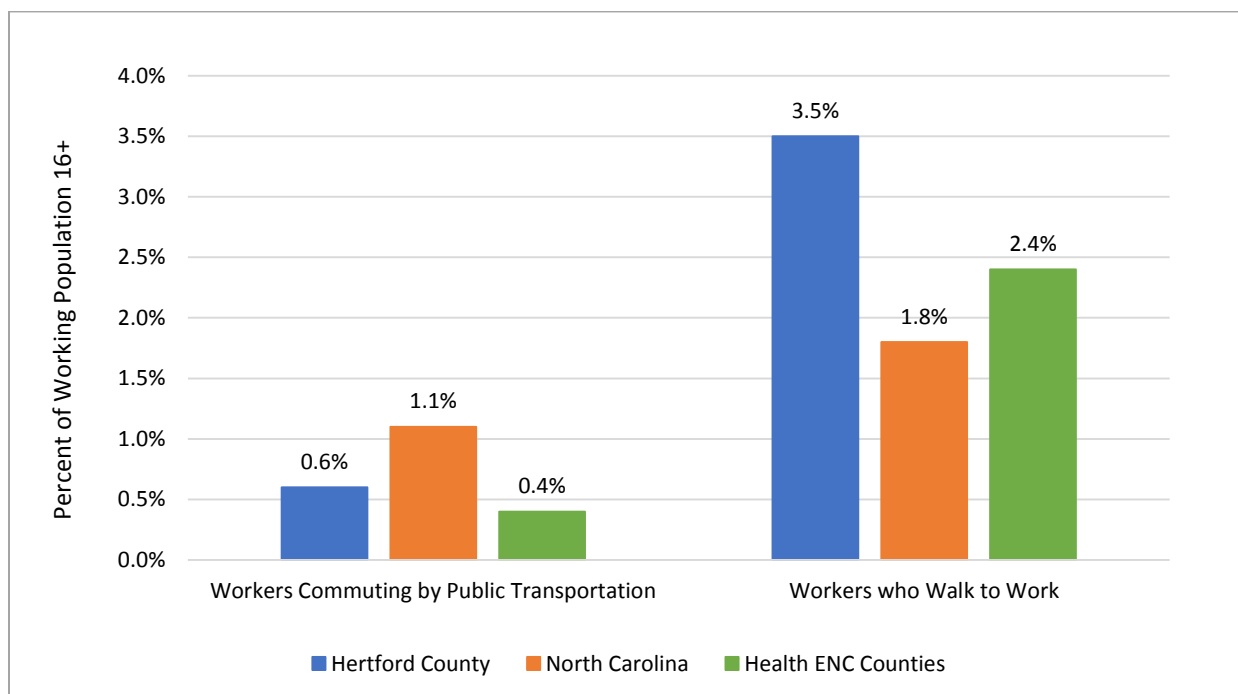
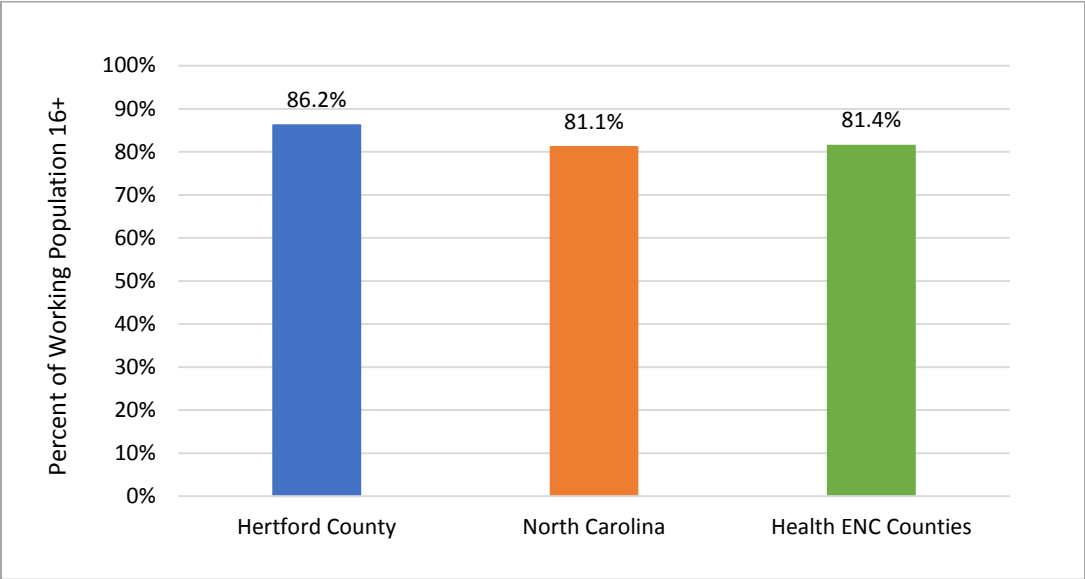


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



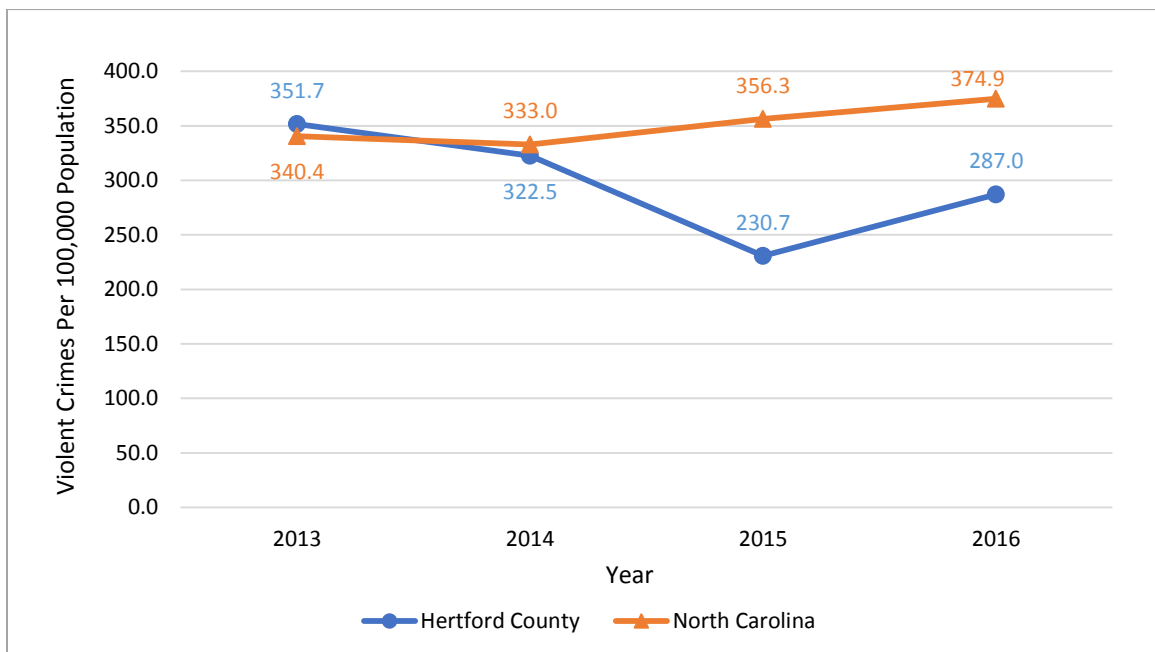
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

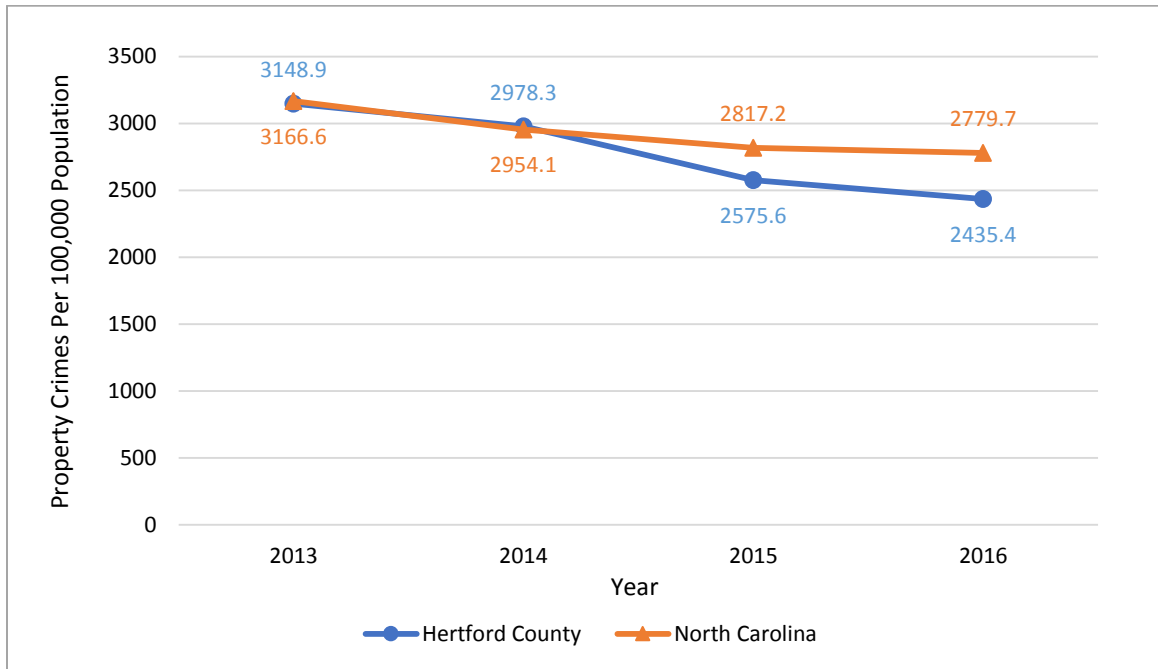
The violent crime rate in Hertford County is 287.0 per 100,000 population in 2016, compared to 374.9 per 100,000 people in North Carolina (Figure 31). While the rate of violent crime in Hertford County decreased from 2013 to 2015, there was a slight increase from 2015 to 2016.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Hertford County (2,435.4 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) in 2016 (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Hertford County (0.0) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

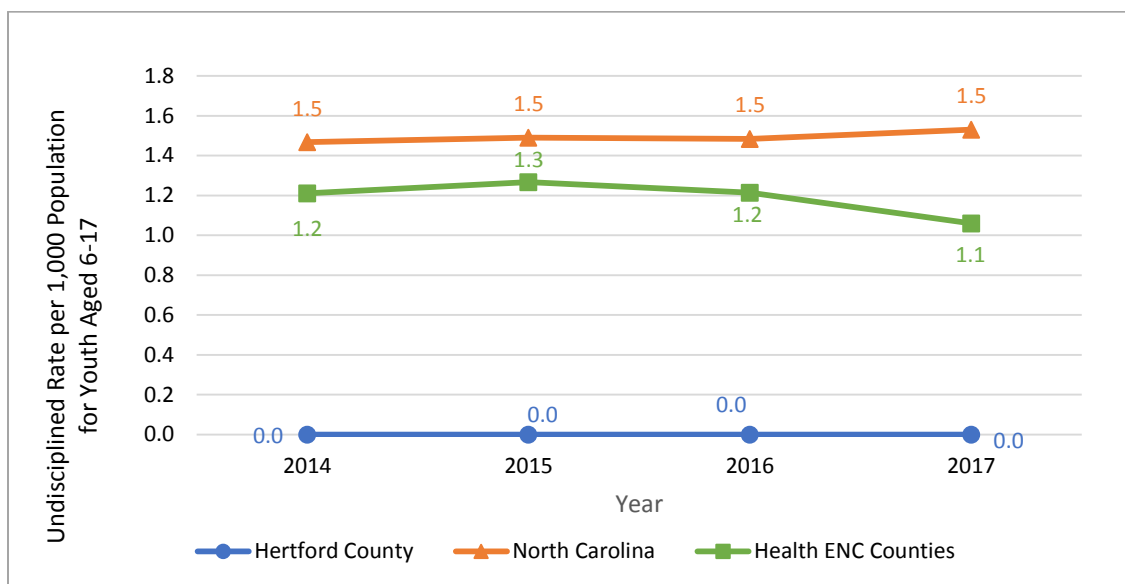
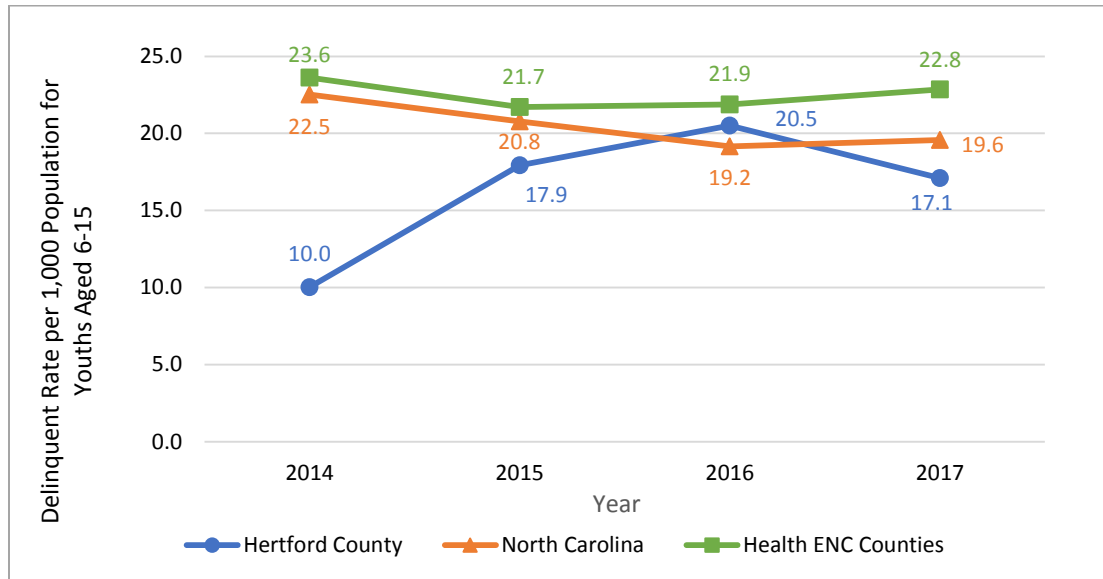


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Hertford County (17.1) is lower than the rate in North Carolina (19.6) and the Health ENC region (22.8). While the juvenile crime rate in Hertford County increased from 2014 to 2016, the rate decreased from 20.5 in 2016 to 17.1 in 2017.

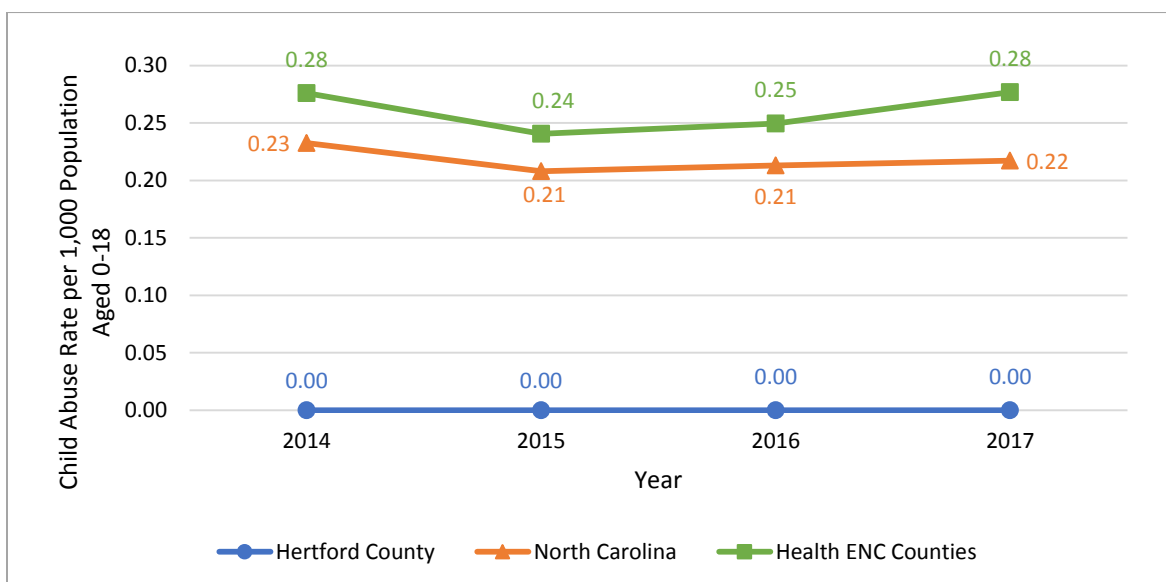
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Hertford County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Hertford County has steadily remained at 0.00 per 1,000 population over the past four measurement periods.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

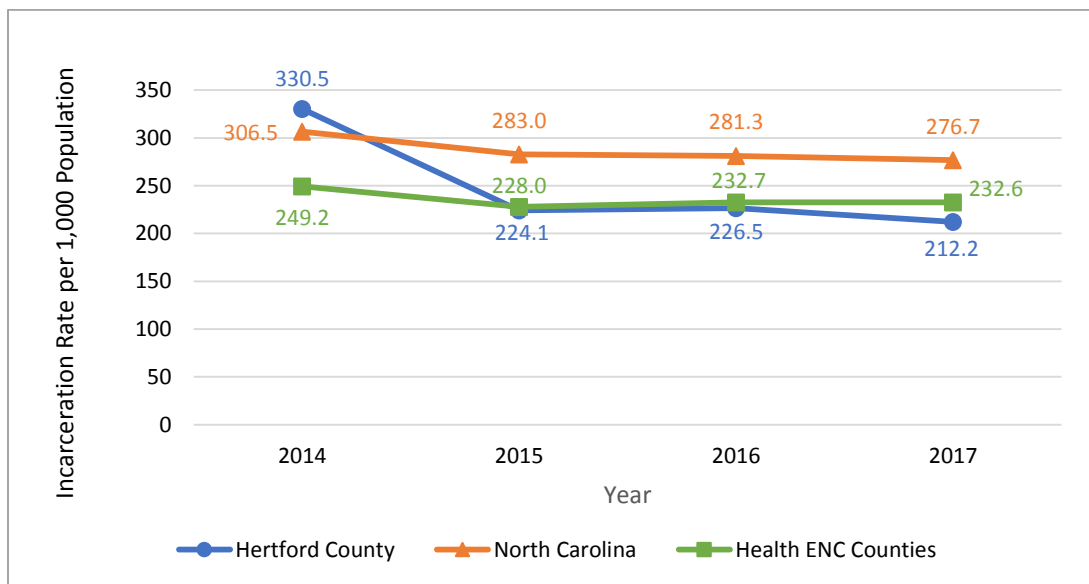


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Hertford County (212.2 per 1,000 population) is lower than the rate in North Carolina (276.7) and the Health ENC region (232.6). Further, the incarceration rate in Hertford County has decreased from 2014 to 2017.

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Hertford County, 88.3%, is slightly higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 11.7% of residents are uninsured.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

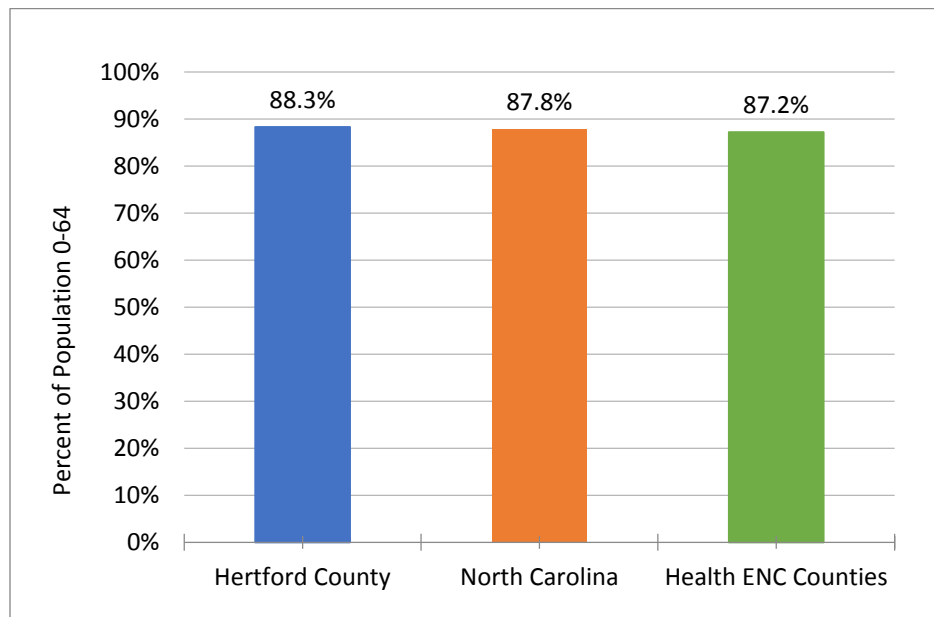
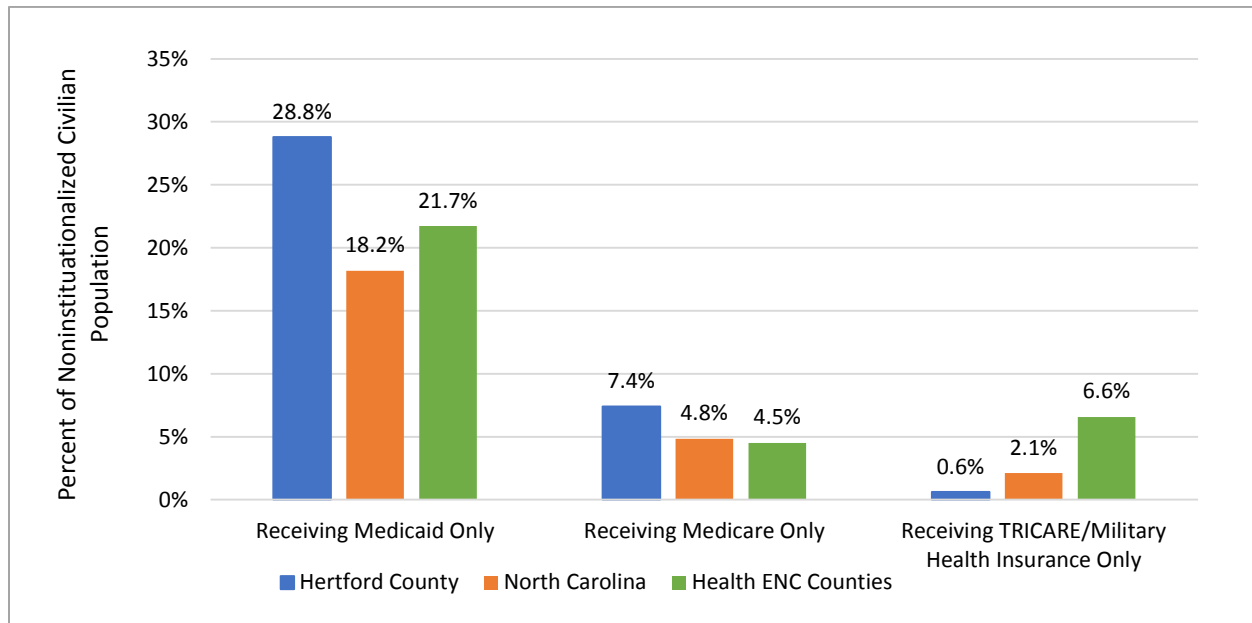


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Hertford County has a higher percent of people receiving Medicaid (28.8%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also higher in Hertford County (7.4%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is lower in Hertford County (0.6%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Hertford County has a higher percent of residents of voting age (80.4%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

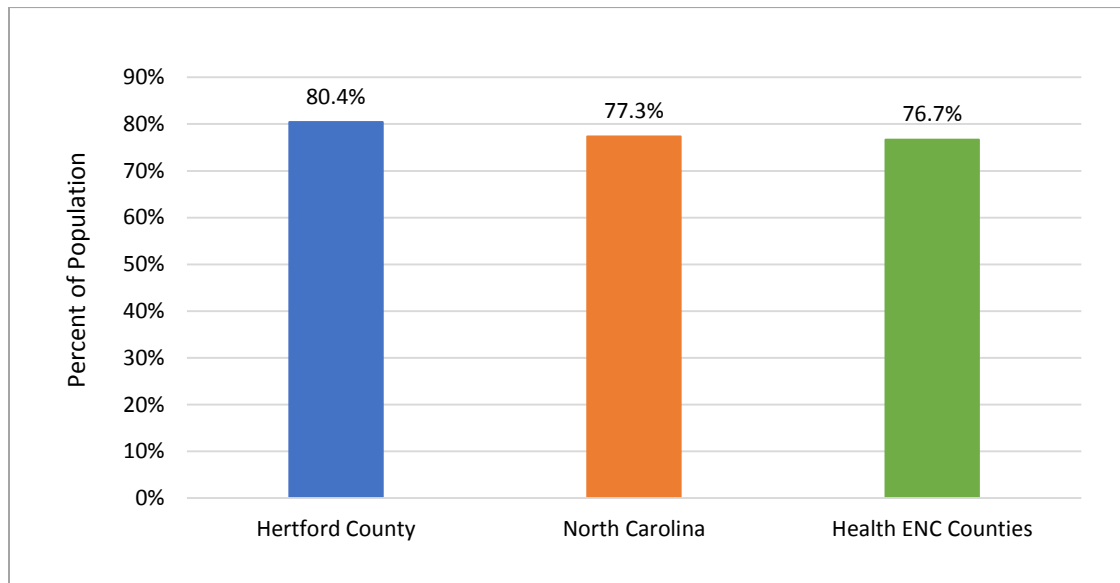
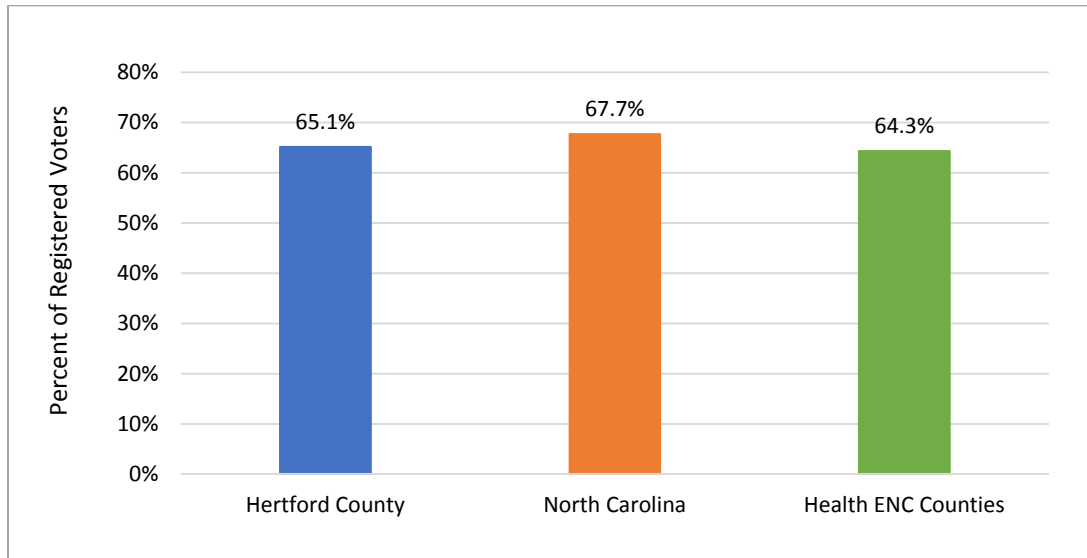


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Hertford County was 65.1%, which is slightly lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)**



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Hertford County by topic area. Topics with higher scores indicate greater need. Men's Health is the poorest performing health topic for Hertford County, followed by Diabetes, Economy, Substance Abuse, Mental Health & Mental Disorders and Education.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Men's Health	2.27
Diabetes	2.07
Economy	2.04
Substance Abuse	1.98
Mental Health & Mental Disorders	1.94
Education	1.89

*See Appendix A for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Hertford County. Low income/poverty was the most frequently selected issue and was ranked by 56.4% of survey respondents, followed by drugs/substance abuse (11.0%). Less than 1% of survey respondents selected neglect and abuse, homelessness, domestic violence, elder abuse, child abuse, and violent crime and rape / sexual assault as issues most affecting the quality of life in Hertford County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

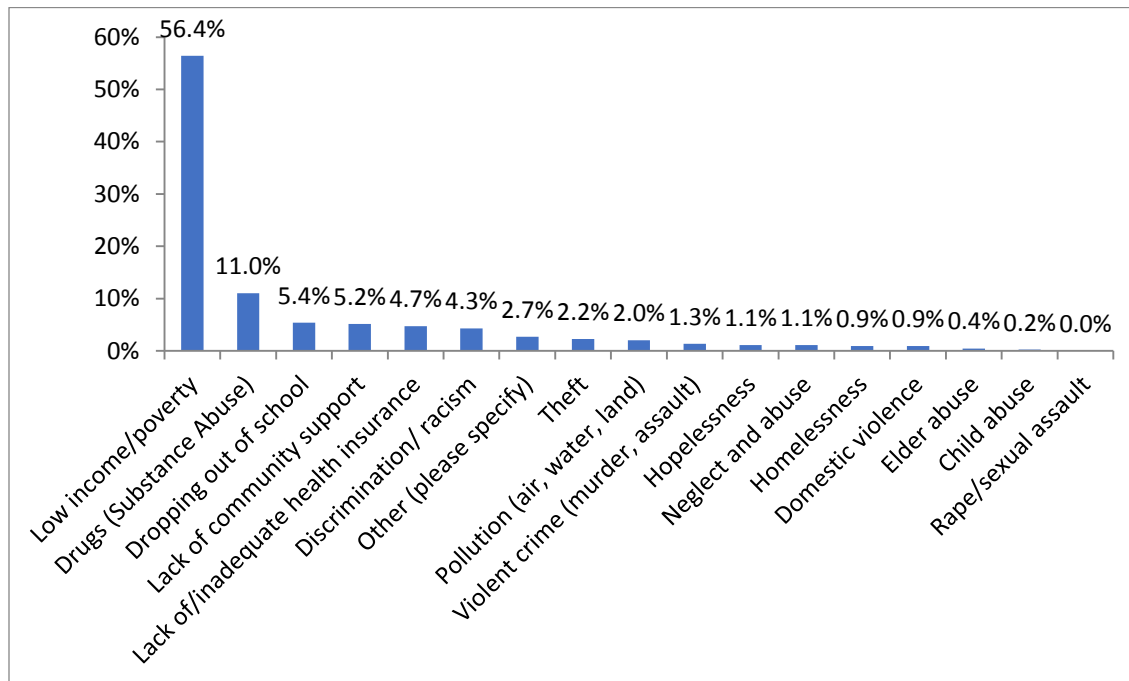


Figure 42 displays the level of agreement among Hertford County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to grow old and there was good healthcare in the county. Almost half agreed or strongly agreed is a safe place to live and is a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity.

Figure 42. Level of Agreement among Hertford County Residents in Response to Nine Statements about their Community

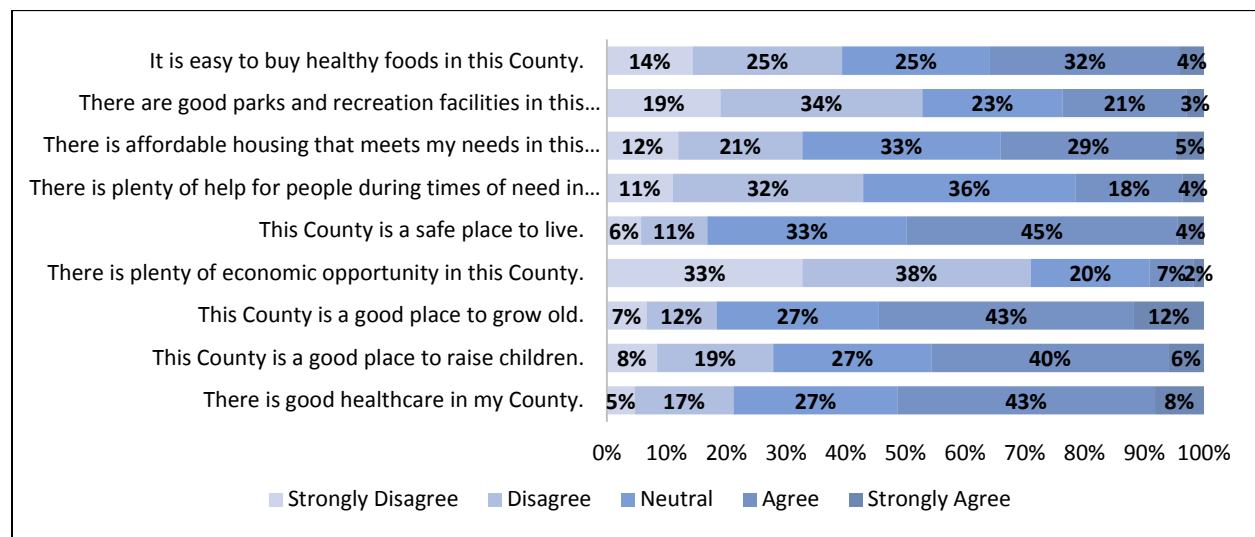


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Hertford County. Higher paying employment was the most frequently selected issue, followed by availability of employment, positive teen activities, better/more recreational facilities and more affordable health services.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

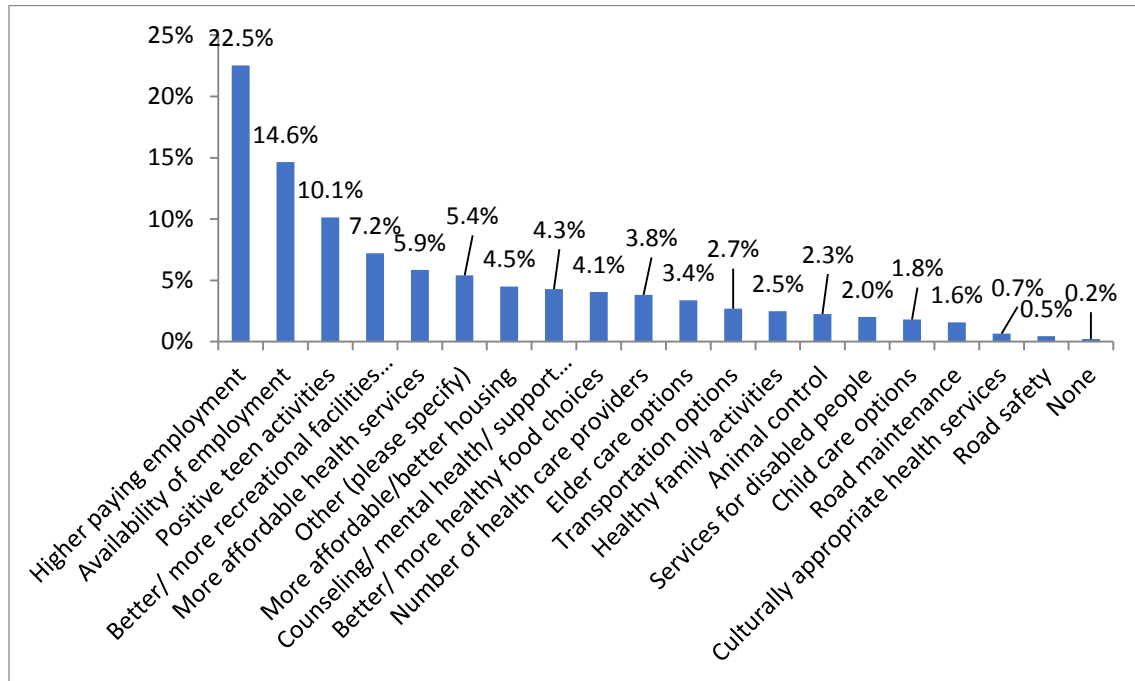
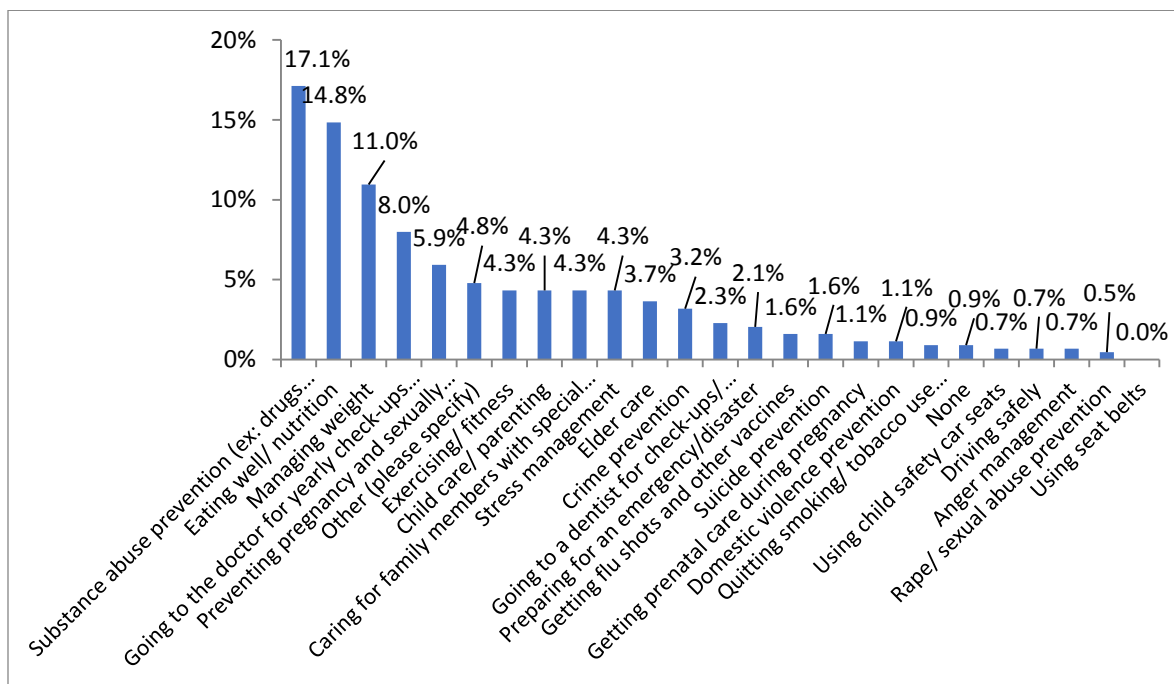


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Hertford County residents need more information about. Substance abuse prevention was by far the most frequently selected issue, being ranked by 17.1% of survey respondents.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Hertford County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	36
Economy	24
Access to Health Services	17
Low-Income/Underserved	15
Migrant Community	15
Occupational & Environmental Health	12
Social Environment	11
Transportation	11

Data Synthesis

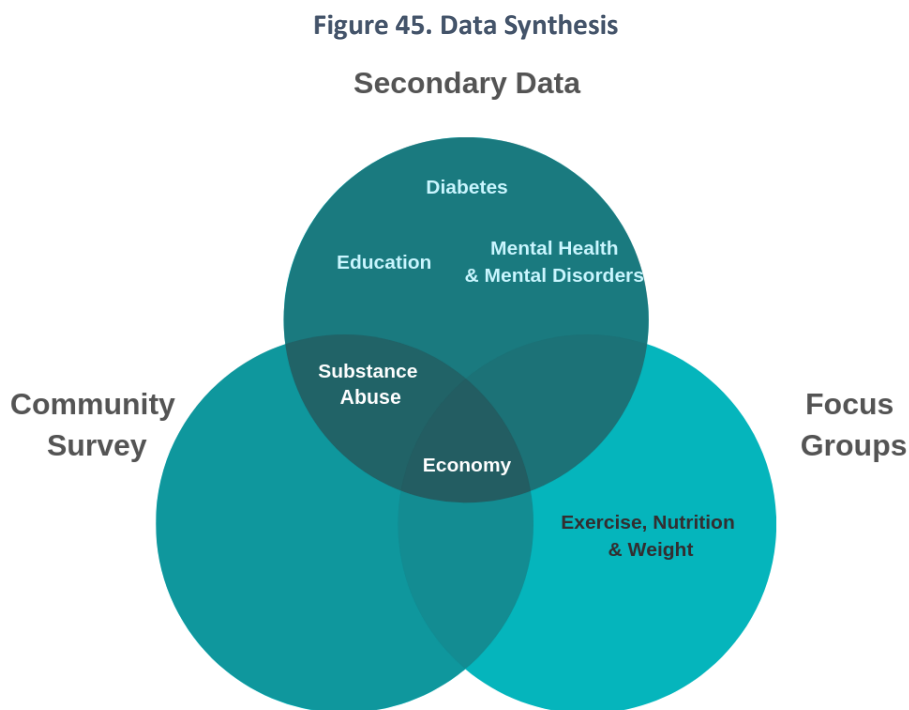
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Hertford County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.



Across all three data sources, there is strong evidence of need for Economy, Exercise, Nutrition & Weight, and Substance Abuse. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Topic Areas Examined in This Report

Six topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report







Diabetes*
Economy*
Education*
Exercise, Nutrition & Weight
Mental Health & Mental Disorders*
Substance Abuse*

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Exercise, Nutrition & Weight.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Hertford County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Diabetes









Key Issues

- Diabetes is the major issue in within the Medicare Population
- The age-adjusted death rate due to diabetes is higher in Hertford County than the state and U.S.
- Financial barriers may prohibit community members from seeking treatment or purchasing medications

Secondary Data

The secondary data scoring results reveal Diabetes as the top need in Hertford County with a score of 2.07. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

Table 13. Data Scoring Results for Diabetes

Score	Indicator (Year) (Units)	Hertford County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Diabetes: Medicare Population (2015) (percent)	36.1	28.4	26.5			
2.5	Adults 20+ with Diabetes (2014) (percent)	16	11.1	10			
2.28	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/ 100,000 population)	55.3	23	21.1			

**See Appendix A for full list of indicators included in each topic area*

Diabetes is a clear area of concern for Hertford County based on the 2 highest scoring indicators within the topic area. The indicator score for Diabetes with the Medicare Population for Hertford County is 2.5 with a value of 36.1% of the population in 2015. This is higher than the rate in both North Carolina (28.4% of the population) and the United States (26.5% of the population) and there is an upward trend. Additionally, the age-adjusted death rate due to diabetes for Hertford County in 2012-2016 is 55.3 deaths per 100,000 population which is higher than the rate for North Carolina (23.0 deaths/100,000) and the U.S. overall (21.1 deaths/100,000).

Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 23.1% of community survey participants reported

being told by a medical professional that they has diabetes and 55.1% had been told that they were overweight or obese. Diabetes was discussed four times during the focus group discussions as an issue the community was facing though the topic was not discussed in depth. One participant shared that they felt that diabetes is the top health issue facing the count.

Highly Impacted Populations

Data scoring identified the Medicare population and adults over 20 as highly impacted groups. No specific groups were identified in the primary data sources.

Economy







Key Issues

- All the economic indicators of Hertford county performed more poorly in comparison to the state and county indicating that economy is a major issue for Hertford County
- The change in employment is negative indicating that economic conditions are likely to remain a cause of concern
- The per capita income is falling while families, individuals and children in poverty is rising

Secondary Data

From the secondary scoring results Economy received a data score of 2.04. Some of the poorest performing indicators related to Economy are displayed in Table 14. In 2012-2016, 24.4% of the county residents, 18.1% of people 65+ and 36.7% of children lived below the poverty level. There is a strong upward trend in families and children living in poverty. Students eligible for free lunch program received a score of 2.7 and is a major issue in the county followed by children living below the poverty level.

Table 14. Data Scoring Results for Economy

Score	Indicator (Year) (Units)	Hertford County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.4	People 65+ Living Below Poverty Level (2012-2016) (percent)	18.1	9.7	9.3				-	-
2.45	People Living Below Poverty Level (2012-2016) (percent)	24.4	16.8	15.1				12.5	-
2.5	Severe Housing Problems (2010-2014) (percent)	21	16.6	18.8				-	-
2.3	Children Living Below Poverty Level (2012-2016) (percent)	36.7	23.9	21.2				-	-
2.1	Population 16+ in Civilian Labor Force (2012-2016) (percent)	50.5	61.5	63.1				-	-
								-	-

2.7	Students Eligible for the Free Lunch Program (2015-2016) (percent)	98.9	52.6	42.6				-	-
2.4	Families Living Below Poverty Level (2012-2016) (percent)	19	12.4	11				-	-
2.3	People Living 200% Above Poverty Level (2012-2016) (percent)	51.3	62.3	66.4				-	-
2.5	Per Capita Income (2012-2016) (dollars)	17650	26779	29829				-	-
2.3	Child Food Insecurity Rate (2016) (percent)	25	20.9	17.9				-	-
2.3	Food Insecurity Rate (2016) (percent)	23.8	15.4	12.9				-	-
2.3	Households with Supplemental Security Income (2012-2016) (percent)	9.3	5	5.4				-	-
2.3	Median Household Income (2012-2016) (dollars)	34523	48256	55322				-	-
2.7	Young Children Living Below Poverty Level (2012-2016) (percent)	55.7	27.3	23.6				-	-
2.18	Persons with Disability Living in Poverty (5-year) (2012-2016) (percent)	34.9	29	27.6				-	-

2.3	Unemployed Workers in Civilian Labor Force (43191) (percent)	4.8	3.7	3.7				-	-
2.08	Median Housing Unit Value (2012-2016) (dollars)	86900	157100	184700				-	-
2.3	Households with Cash Public Assistance Income (2012-2016) (percent)	3.3	1.9	2.7				-	-
2.4	Total Employment Change (2014-2015) (percent)	-3.1	3.1	2.5				-	-

*See Appendix A for full list of indicators included in each topic area

Primary Data

Economy*

Community survey participants were asked to rank the issues impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Hertford County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (22.5%) and availability of employment (14.6%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community. Over 70% of participants disagreed or strongly disagreed that there is economic opportunity in the community.

"I would come up with something to create jobs for young people here. We need more jobs for the economy to grow."

-Focus Group Participant

Focus group participants also touched on key economic stressors: long work hours, challenges with being able to afford healthy behaviors or activities and delays in seeking medical care due to costs. Many people discussed that lack of job opportunities in the area and how that impacts their ability to afford decent health insurance and care.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Substance Abuse









Key Issues

- Substance use rates for Hertford county are higher than the rates for the state and country
- Death due to alcohol-impaired driving is more than 9 times the Healthy NC 2020 goal
- Alcohol use is on an upward trend in Hertford county

Secondary Data

Substance Abuse received a data score of 1.98. This category includes indicators related to cigarette consumption rates in relation to the population and availability and impact of liquor which impacts preventable death rates in the population. The prevalence of smoking among adults in the county (21.2%) is higher than prevalence in the state and the country. The density of liquor stores and alcohol-impaired rates are also higher for the county in comparison to state and country and depict an upward trend.

Table 15. Data Scoring Results for Substance Abuse

Score	Indicator (Year) (Units)	Hertford County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Adults who Smoke (2016) (percent)	21.1	17.9	17				13	12
2.65	Alcohol- Impaired Driving Deaths (2012-2016) (percent)	44.4	31.4	29.3				4.7	-
2.35	Liquor Store Density (2015) (stores/ 100,000 population)	12.4	5.8	10.5				-	-

**See Appendix A for full list of indicators included in each topic area*

Primary Data

Community survey participants ranked substance abuse (11%) as a top issue affecting quality of life in Hertford County. Additionally, 17.1% of community survey respondents reported wanting to learn more about substance abuse prevention.

12% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 36.1% would go to a doctor if they wanted to quit, 23.4% did not want to quit and 23.4% stated that they did not know where they would go to quit. 49.5% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 40.5% were exposed in the home and 40% selected 'other', mostly adding that they had been exposed in other people's homes or outside at public events. Most participants (74.3%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.8% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98.4% reported no illegal drug use and 97.9% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<2%) in the past 30 days, 55.6% reported marijuana use 11.1% cocaine use and 33.3% heroin use.

Focus group discussion did not focus heavily on substance abuse, seven participants expressed that they felt substance use was an issue they see as a problem that needs to be addressed in the community. A few participants specifically raised prescription drug misuse and opioid abuse as specific substance abuse concerns.

Highly Impacted Populations

No specific groups were identified in the primary data sources

Mental Health & Mental Disorders

Key Issues





- All the indicators for mental health and mental disorders performed more poorly in Hertford in comparison to the state
- Alzheimer disease is a major issue of concern within mental disorders
- The number of providers of mental health in Hertford county are almost 32% lower than the number of state

Secondary Data

Mental Health received a data score of 1.94. The percentage of Hertford Medicare population that reported Alzheimer's disease or dementia was 13.9% in comparison to 9.8% in the state and 9.9% in the country. The percentage of Medicare population with Alzheimer or Dementia also displayed a strong upward trend. Suicide deaths in the county also trended upward. The average number of days that Hertford county residents reported poor mental health, at 4.3 days, was 1.5 times more than the Healthy NC 2020 goal of 2.8 days.

Table 16. Data Scoring Results for Mental Health & Mental Disorders

Score	Indicator (Year) (Units)	Hertford County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.1	Poor Mental Health: Average Number of Days (2016) (days)	4.3	3.9	3.8				2.8	-
1.9	Mental Health Provider Rate (2017) (providers/100,000 population)	161.6	215.5	214.3				-	-
2.7	Alzheimer's Disease or Dementia: Medicare Population (2015) (percent)	13.9	9.8	9.9				-	-
1.95	Frequent Mental Distress	13.6	12.3	15				-	-

1.98	(2016) (percent)							
	Age-Adjusted Death Rate due to Suicide (2012-2016) (deaths/ 100,000 population)	13.3	12.9	13			8.3	10.2
1.98	Age-Adjusted Death Rate due to Alzheimer's Disease (2012-2016) (deaths/ 100,000 population)	33.9	31.9	26.6			-	-

**See Appendix A for full list of indicators included in each topic area*

Primary Data

Amongst community survey participants, 32.1% of survey participants who responded to this question have been told by a health professional that they have depression, anxiety or post-traumatic stress disorder. When asked what services need the most improvement in the community, counseling /mental health/support groups was the eighth highest ranked choice. 4.3% of participants selected stress management as a health behavior the community needs more information about.

Focus Group participants brought up mental health nine times during discussions. Participants shared their concerns for needing more resources dedicated to mental health in the community. Participants brought up depression and stress as top issues impacting health in the community. Two participants felt that Alzheimer's is a top concern as well in the senior citizen population.

Highly Impacted Populations

Senior citizens with Alzheimer's disease were identified in the primary and secondary data sources as a highly impacted population.

Education









Key Issues

- Fewer individuals in Hertford County attain higher education levels in comparison to the state
- The Teacher Ratio in the county has increased over time

Secondary Data

Education received a data score of 1.89 and was the seventh highest ranked priority. This category includes indicators related to education attainment levels which in turn are associated with economic and access to healthcare indicators such as insurance coverage. The percentage of individuals 25+ with a bachelor's degree in 2012-2016 was almost half the percentage in the state and country. The trend of individuals above 25 years with bachelor's degree is downward. The high school graduation percentage rate, at 82.4% in 2016-2017, was lower than the Healthy NC 2020 goal of 87%.

Table 17. Data Scoring Results for Education

Score	Indicator (Year) (Units)	Hertford County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.2	People 25+ with a Bachelor's Degree or Higher (2012-2016) (percent)	15	29	30.3				-	-
2	High School Graduation (2016-2017) (percent)	82.4	86.5	-				94.6	87
1.9	Student-to- Teacher Ratio (2015-2016) (students/ teacher)	16	15.6	17.7				-	-

**See Appendix A for full list of indicators included in each topic area*

Primary Data

In the community survey, participants were asked to report the highest level of education they received. The top reported level of educational achievement were Associate's Degree or Vocational Training and High School graduate or GED equivalent. 5.6% had attended high school but did not graduate. 18% had earned a graduate degree and 18% had earned a bachelor's degree. 5.4% of survey respondents selected education and dropping out of school as a top issue in the community. During the focus group sessions, the topics of education achievement and challenges within the school system were not discussed.

Highly Impacted Populations

No specific groups were identified in the primary data sources.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Hertford County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Hertford County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	174	175.9	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	159	158.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Diabetes	59	60.8	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Cerebrovascular Diseases	43	42.2	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Alzheimer's Disease	41	41.2	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Accidental Injuries	39	50.1	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Hypertension	36	35	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Chronic Lower Respiratory Diseases	30	29.3	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	15	Unreliable	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Influenza and Pneumonia	15	Unreliable	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.76 and was the 11th highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.85), Child Food Insecurity Rate (2.30), Food Insecurity Rate (2.25), Adults 20+ who are Sedentary (2.25), Food Environment Index (2.15) and Access to Exercise Opportunities (2.10).

A list of all secondary indicators within this topic area is available in [Appendix A](#).

Primary Data

Among community survey respondents, 46.3% rated their health is good and 24.5% rated their health as very good. However, 55.1% of respondents reported being told by a health professional that they were overweight and/or obese. This was closely followed by high reports of high blood pressure (59.9%), high cholesterol (45.2%) and diabetes (23.1%). Additionally, data from the community survey participants showed that 46.2% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported primary reasons as not having enough time (30.4%) and being too tired (30.4%). For those individuals that do exercise, 60.8% reported exercising or engaging in physical activity at home while 20.3% reported 'other' location, open ended responses included outside walking, senior center or a nutrition site.

"We need a community center that is free and open to the public. No fees charged for people to get healthy food and exercise."

-Focus Group Participant

Exercise, Nutrition & Weight was discussed at length in all focus groups.

Participants shared their concerns for obesity across all ages especially youth and for families being able to access and afford healthy foods in the community. Participants shared concerns for people who working long hours and do not have time to cook at home that end up eating unhealthy foods late at night. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. Several participants suggested that the community would benefit from a low or no cost community center/recreational center to encourage better health behaviors. To emphasize these points, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and exercise/nutrition were high frequency responses.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Hertford County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Young Children Living Below Poverty Level	Black or African American
Per Capita Income	Black or African American, Hispanic or Latino, Other
People Living Below Poverty Level	<6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other
Workers who Drive Alone to Work	Native Hawaiian or Other Pacific Islander, White, non-Hispanic
Children Living Below Poverty Level	<6, Black or African American
Median Household Income	American Indian or Alaska Native, Black or African American
People 25+ with a Bachelor's Degree or Higher	Black or African American
People 25+ with a High School Degree or Higher	65+, Hispanic or Latino, Other
Workers who Walk to Work	55-59

*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27922, with an index value of 95.3, has the [highest,lowest, middle, etc.] socioeconomic need within Hertford County, potentially indicating [poorer/better/average] health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Hertford County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Hertford County. The assessment was further informed with input from Hertford County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified 6 significant health needs: Diabetes, Economy, Education, Exercise, Nutrition & Weight, Mental Health & Mental Disorders and Substance Abuse. The prioritization process identified three focus areas: (1) Infant Mortality (2) Healthy Lifestyles Behaviors and (3) Substance Use & Mental Health.

Priority 1: Infant Mortality

Health Indicators: The Hertford County infant mortality rate remains consistently higher than the state (19.0 Bertie, 7.2 NC in 2012-2016). According to the CDC the 2017 infant mortality rate in NC was the 10th highest in the nation.

Population At Risk: The Poor, Uninsured

Health Resources Available and/or Needed:

Available Resources:

March of Dimes

Vidant Womens Care

Vidant Roanoke Chowan Hospital

Carolina Pediatrics

Ahoskie Pediatrics

HHMA Infant Mortality Taskforce

Community Care Plan of Eastern North Carolina

NC Pregnancy Resource Center

School Health

Resources Still Needed:

Education classes for prenatal and postpartum women

Priority 2: Healthy Lifestyle Behaviors

Health Indicators: Cardiovascular disease (including heart disease and stroke), diabetes, and respiratory diseases (such as COPD and asthma) are all long-term, or chronic, conditions that limit quality of life, require medical management and treatment, and are among the leading causes of death in Hertford County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.

Population At Risk: The Poor, Uninsured

Health Resources Available and/or Needed:

Available Resources:

NC Cooperative Extension

Viquet Wellness Center

Albemarle Regional Health Services

Farmers Markets and Roadside Stands

Vidant Roanoke Chowan Hospital

Quit Line NC; 1-800-784-8669

Diabetes care in surrounding counties

Resources Still Needed:

Better utilization of recreational facilities and opportunities

Health services personnel
Educational programs

Priority 3: Substance Use & Mental Health

Health Indicators: While some data is available pertaining to utilization of services pertaining to substance misuse and mental health issues, there is not much data describing the prevalence of individual diagnoses. During the focus group discussions, substance abuse prevention was the second most frequently selected issue.

Population At Risk: The Poor, Uninsured, Elderly, Youth

Health resources available/needed:

Available Resources:

Trillium Health Resources

Inpatient Treatment Facility

Integrated Family Services – Mobile Crisis

Community Care Plan of Eastern North Carolina

RI International

North Eastern Counseling Services

Family Resource Center

Quitline and ARHS Tobacco Prevention program to address youth substance misuse issues related to tobacco

Resources Still Needed:

More local mental health resources, counseling services

Following this process, Hertford County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to www.arhs-nc.org.

Appendix A. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Hertford County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

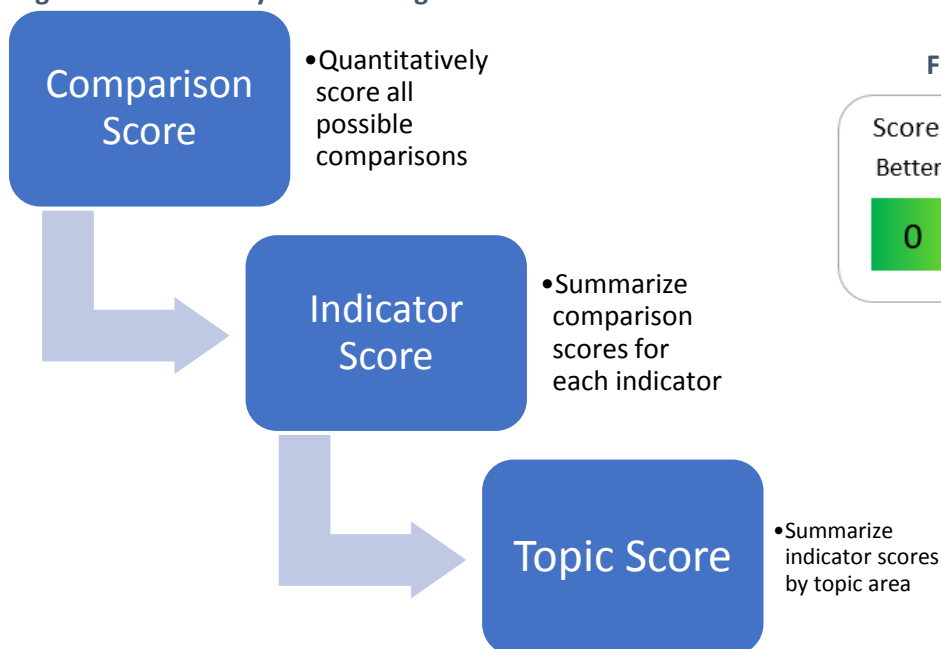
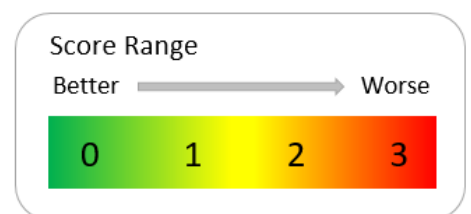


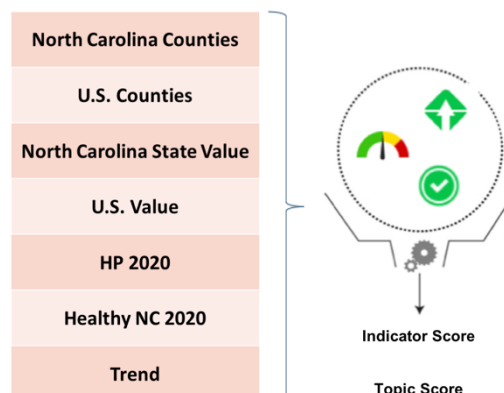
Figure 47. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Hertford County. The possible comparisons are shown in Figure 48 and include a comparison of Hertford County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Hertford County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Hertford County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Hertford County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Hertford County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Hertford County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Hertford County, with higher scores indicating a higher need.

Table 20. Topic Scores for Hertford County

Health and Quality of Life Topics	Score
Men's Health	2.27
Wellness & Lifestyle	2.12
Diabetes	2.07
Economy	2.04
Substance Abuse	1.98
Mental Health & Mental Disorders	1.94
Education	1.89
Public Safety	1.89
Prevention & Safety	1.84
Mortality Data	1.81
Exercise, Nutrition, & Weight	1.76
Social Environment	1.74
Other Chronic Diseases	1.70
Environment	1.66
County Health Rankings	1.66
Older Adults & Aging	1.63
Women's Health	1.58
Maternal, Fetal & Infant Health	1.56
Transportation	1.56
Heart Disease & Stroke	1.55
Cancer	1.53
Environmental & Occupational Health	1.51
Immunizations & Infectious Diseases	1.41
Access to Health Services	1.35
Respiratory Diseases	1.14

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Hertford County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	161.6	215.5	214.3				3
1.70	Dentist Rate	2016	dentists/ 100,000 population	41.4	54.7	67.4				3
1.70	Primary Care Provider Rate	2015	providers/ 100,000 population	49.6	70.6	75.5				3
1.43	Clinical Care Ranking	2018	ranking	35						3
1.18	Persons with Health Insurance	2016	percent	88.3	87.8		100	92		16
1.10	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	91.2	102.5	81.2				3
0.45	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	43.2	49	49.9				17

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	155.8	125	114.8				6
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	20.4	14.1	14.8	14.5	10.1		6
2.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	25.3	21.6	21.2	20.7			6
2.25	Age-Adjusted Death Rate due to Prostate Cancer	2009-2013	deaths/ 100,000 males	27.9	22.2	20.7	21.8			6
2.25	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.3	12.2	11.5				6
2.05	Cancer: Medicare Population	2015	percent	8.2	7.7	7.8				2
1.75	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.6	12	12.5				6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.60	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	40.6	37.7	39.8	39.9		6
1.55	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	177.2	172	166.1	161.4		6
1.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	120.3	129.4	123.5			6
0.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.8	50.7	44.7	45.5		6
0.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2008-2012	deaths/ 100,000 population	9.8	10.4	11			6
0.80	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	58.5	70	61.2			6
0.75	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	423	457	443.6			6
0.65	Mammography Screening: Medicare Population	2014	percent	74.3	67.9	63.1			17
0.50	Bladder Cancer Incidence Rate	2009-2013	cases/ 100,000 population	11.2	20.4	20.7			6

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	94						3
1.73	Morbidity Ranking	2018	ranking	93						3
1.73	Mortality Ranking	2018	ranking	84						3
1.73	Social and Economic Factors Ranking	2018	ranking	83						3
1.58	Physical Environment Ranking	2018	ranking	57						3
1.43	Clinical Care Ranking	2018	ranking	35						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Adults 20+ with Diabetes	2014	percent	16	11.1	10				3
2.50	Diabetes: Medicare Population	2015	percent	36.1	28.4	26.5				2
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	55.3	23	21.1				15
1.00	Diabetic Monitoring: Medicare Population	2014	percent	91.1	88.8	85.2				17

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Students Eligible for the Free Lunch Program	2015-2016	percent	98.9	52.6	42.6				7
2.70	Young Children Living Below Poverty Level	2012-2016	percent	55.7	27.3	23.6			Black or African American	1
2.50	Per Capita Income	2012-2016	dollars	17650	26779	29829			Black or African American, Hispanic or Latino, Other	1
2.50	Severe Housing Problems	2010-2014	percent	21	16.6	18.8				3
2.45	People Living Below Poverty Level	2012-2016	percent	24.4	16.8	15.1		12.5	<6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other	1
2.40	Families Living Below Poverty Level	2012-2016	percent	19	12.4	11				1
2.40	People 65+ Living Below Poverty Level	2012-2016	percent	18.1	9.7	9.3				1
2.40	Total Employment Change	2014-2015	percent	-3.1	3.1	2.5				19
2.30	Child Food Insecurity Rate	2016	percent	25	20.9	17.9				4
2.30	Children Living Below Poverty Level	2012-2016	percent	36.7	23.9	21.2			<6, Black or African American	1
2.30	Food Insecurity Rate	2016	percent	23.8	15.4	12.9				4
2.30	Households with Cash Public Assistance Income	2012-2016	percent	3.3	1.9	2.7				1
2.30	Households with Supplemental Security Income	2012-2016	percent	9.3	5	5.4				1
2.30	Median Household Income	2012-2016	dollars	34523	48256	55322			American Indian or Alaska Native, Black or African American	1
2.30	People Living 200% Above Poverty Level	2012-2016	percent	51.3	62.3	66.4				1
2.30	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.8	3.7	3.7				18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.18	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	34.9	29	27.6				1
2.10	Population 16+ in Civilian Labor Force	2012-2016	percent	50.5	61.5	63.1				1
2.08	Median Housing Unit Value	2012-2016	dollars	86900	157100	184700				1
1.85	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	46.7	49.4	47.3		36.1		1
1.73	Social and Economic Factors Ranking	2018	ranking	83						3
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	406	376	462				1
1.50	Homeownership	2012-2016	percent	54.5	55.5	55.9				1
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.3						20
1.40	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.6	57.4	58.3				1
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.7						20
1.08	Median Household Gross Rent	2012-2016	dollars	676	816	949				1
0.53	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	963	1243	1491				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	15	29	30.3			Black or African American	1
2.00	High School Graduation	2016-2017	percent	82.4	86.5		87	94.6		12
1.90	Student-to-Teacher Ratio	2015-2016	students/ teacher	16	15.6	17.7				7
1.85	4th Grade Students Proficient in Math	2016-2017	percent	39.1	58.6					12
1.85	4th Grade Students Proficient in Reading	2016-2017	percent	42.3	57.7					12
1.85	8th Grade Students Proficient in Math	2016-2017	percent	20.5	45.8					12
1.85	People 25+ with a High School Degree or Higher	2012-2016	percent	80.3	86.3	87			65+, Hispanic or Latino, Other	1
1.65	8th Grade Students Proficient in Reading	2016-2017	percent	38	53.7					12

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SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	21	16.6	18.8				3
2.35	Liquor Store Density	2015	stores/ 100,000 population	12.4	5.8	10.5				19
2.15	Food Environment Index	2018		5.8	6.4	7.7				3
2.10	Access to Exercise Opportunities	2018	percent	61.4	76.1	83.1				3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.1						20
1.90	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7						20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						20
1.80	Recognized Carcinogens Released into Air	2016	pounds	451.2						21
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04						20
1.60	PBT Released	2016	pounds	9018						21
1.58	Physical Environment Ranking	2018	ranking	57						3
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.3						20
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						20
1.35	Children with Low Access to a Grocery Store	2015	percent	2.4						20
1.20	Houses Built Prior to 1950	2012-2016	percent	11.8	9.1	18.2				1
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.7						20
1.05	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
0.68	Drinking Water Violations	FY 2013-14	percent	0	4			5		3

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.75	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	98.7	90.9					9
1.58	Physical Environment Ranking	2018	ranking	57						3
1.20	Asthma: Medicare Population	2015	percent	7.5	8.4	8.2				2

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SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.85	Adults 20+ who are Obese	2014	percent	40.5	29.6	28	30.5			3
2.30	Child Food Insecurity Rate	2016	percent	25	20.9	17.9				4
2.30	Food Insecurity Rate	2016	percent	23.8	15.4	12.9				4
2.25	Adults 20+ who are Sedentary	2014	percent	32	24.3	23	32.6			3
2.15	Food Environment Index	2018		5.8	6.4	7.7				3
2.10	Access to Exercise Opportunities	2018	percent	61.4	76.1	83.1				3
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.1						20
1.90	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.7						20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						20
1.75	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.04						20
1.73	Health Behaviors Ranking	2018	ranking	94						3
1.50	Low-Income and Low Access to a Grocery Store	2015	percent	5.3						20
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						20
1.35	Children with Low Access to a Grocery Store	2015	percent	2.4						20
1.15	SNAP Certified Stores	2016	stores/ 1,000 population	1.7						20
1.05	Grocery Store Density	2014	stores/ 1,000 population	0.3						20
0.30	Workers who Walk to Work	2012-2016	percent	3.5	1.8	2.8	3.1		55-59	1

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Hypertension: Medicare Population	2015	percent	67.7	58	55				2
2.50	Stroke: Medicare Population	2015	percent	5.3	3.9	4				2
2.05	Heart Failure: Medicare Population	2015	percent	14.1	12.5	13.5				2
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	174.4	161.3			161.5		15

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1.48	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	39.5	43.1	36.9	34.8		15
0.85	Hyperlipidemia: Medicare Population	2015	percent	39.9	46.3	44.6			2
0.75	Ischemic Heart Disease: Medicare Population	2015	percent	21.8	24	26.5			2
0.50	Atrial Fibrillation: Medicare Population	2015	percent	5.7	7.7	8.1			2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	687.8	572.4	497.3				10
1.78	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.7	2.2	2	3.3			15
1.58	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	161.6	194.4	145.8				10
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.2	17.8	14.8		13.5		15
1.25	AIDS Diagnosis Rate	2016	cases/ 100,000 population	4.8	7					10
1.15	Syphilis Incidence Rate	2016	cases/ 100,000 population	4.1	10.8	8.7				8
1.10	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	9.6	16.1			22.2		10
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Babies with Very Low Birth Weight	2012-2016	percent	3.2	1.7	1.4	1.4			14
2.23	Babies with Low Birth Weight	2012-2016	percent	12.2	9	8.1	7.8			14
1.33	Preterm Births	2016	percent	9.9	10.4	9.8	9.4			14
1.05	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	16.6	15.7		36.2			15
0.75	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	19.0	7.2		6	6.3		15

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SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	155.8	125	114.8				6
2.25	Age-Adjusted Death Rate due to Prostate Cancer	2009-2013	deaths/ 100,000 males	27.9	22.2	20.7	21.8			6
2.05	Life Expectancy for Males	2014	years	72.8	75.4	76.7		79.5		5

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	13.9	9.8	9.9				2
2.10	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		3
1.98	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	33.9	31.9	26.6				15
1.98	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	13.3	12.9	13	10.2	8.3		15
1.95	Frequent Mental Distress	2016	percent	13.6	12.3	15				3
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	161.6	215.5	214.3				3
1.00	Depression: Medicare Population	2015	percent	15.2	17.5	16.7				2

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	44.4	31.4	29.3		4.7		3
2.50	Premature Death	2014-2016	years/ 100,000 population	9778.8	7281.1	6658.1				3
2.48	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.8	6.2	5.5	5.5	6.7		15
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	20.4	14.1	14.8	14.5	10.1		6
2.28	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	55.3	23	21.1				15
2.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	25.3	21.6	21.2	20.7			6
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.6	14.1					15

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2.25	Age-Adjusted Death Rate due to Prostate Cancer	2009-2013	deaths/ 100,000 males	27.9	22.2	20.7	21.8		6
1.98	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	33.9	31.9	26.6			15
1.98	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	13.3	12.9	13	10.2	8.3	15
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	174.4	161.3			161.5	15
1.78	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.7	2.2	2	3.3		15
1.73	Mortality Ranking	2018	ranking	84					3
1.55	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	177.2	172	166.1	161.4		6
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.2	17.8	14.8		13.5	15
1.48	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	39.5	43.1	36.9	34.8		15
0.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.8	50.7	44.7	45.5		6
0.90	Age-Adjusted Death Rate due to Pancreatic Cancer	2008-2012	deaths/ 100,000 population	9.8	10.4	11			6
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	25.5	31.9	41.4	36.4		15
0.75	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	5.6	7.2		6	6.3	15

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	13.9	9.8	9.9				2
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	24.4	19	18.1				2
2.50	Diabetes: Medicare Population	2015	percent	36.1	28.4	26.5				2
2.50	Hypertension: Medicare Population	2015	percent	67.7	58	55				2
2.50	Stroke: Medicare Population	2015	percent	5.3	3.9	4				2
2.40	People 65+ Living Below Poverty Level	2012-2016	percent	18.1	9.7	9.3				1
2.10	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	32.5	29.1	30				2
2.05	Cancer: Medicare Population	2015	percent	8.2	7.7	7.8				2

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2.05	Heart Failure: Medicare Population	2015	percent	14.1	12.5	13.5				2
1.98	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	33.9	31.9	26.6				15
1.90	People 65+ Living Alone	2012-2016	percent	28.3	26.8	26.4				1
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2						20
1.20	Asthma: Medicare Population	2015	percent	7.5	8.4	8.2				2
1.20	COPD: Medicare Population	2015	percent	10.2	11.9	11.2				2
1.00	Depression: Medicare Population	2015	percent	15.2	17.5	16.7				2
1.00	Diabetic Monitoring: Medicare Population	2014	percent	91.1	88.8	85.2				17
0.85	Hyperlipidemia: Medicare Population	2015	percent	39.9	46.3	44.6				2
0.75	Ischemic Heart Disease: Medicare Population	2015	percent	21.8	24	26.5				2
0.65	Mammography Screening: Medicare Population	2014	percent	74.3	67.9	63.1				17
0.50	Atrial Fibrillation: Medicare Population	2015	percent	5.7	7.7	8.1				2
0.50	Osteoporosis: Medicare Population	2015	percent	2.6	5.4	6				2

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Chronic Kidney Disease: Medicare Population	2015	percent	24.4	19	18.1				2
2.10	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	32.5	29.1	30				2
0.50	Osteoporosis: Medicare Population	2015	percent	2.6	5.4	6				2

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Severe Housing Problems	2010-2014	percent	21	16.6	18.8				3
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.6	14.1					15
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	25.5	31.9	41.4	36.4			15

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SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	44.4	31.4	29.3		4.7		3
2.48	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.8	6.2	5.5	5.5	6.7		15
2.25	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	21.6	14.1					15
1.05	Property Crime Rate	2016	crimes/ 100,000 population	2435.4	2779.7					11
1.03	Violent Crime Rate	2016	crimes/ 100,000 population	287	374.9	386.3				11

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.75	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	98.7	90.9					9
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.2	17.8	14.8		13.5		15
1.20	Asthma: Medicare Population	2015	percent	7.5	8.4	8.2				2
1.20	COPD: Medicare Population	2015	percent	10.2	11.9	11.2				2
0.95	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	45.8	50.7	44.7	45.5			6
0.80	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	58.5	70	61.2				6
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0	2	3	1			10

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Young Children Living Below Poverty Level	2012-2016	percent	55.7	27.3	23.6			Black or African American	1
2.50	Per Capita Income	2012-2016	dollars	17650	26779	29829			Black or African American, Hispanic or Latino, Other	1
2.50	Single-Parent Households	2012-2016	percent	53.3	35.7	33.6				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.45	People Living Below Poverty Level	2012-2016	percent	24.4	16.8	15.1	12.5	<6, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other	1
2.40	Total Employment Change	2014-2015	percent	-3.1	3.1	2.5			19
2.30	Children Living Below Poverty Level	2012-2016	percent	36.7	23.9	21.2		<6, Black or African American	1
2.30	Median Household Income	2012-2016	dollars	34523	48256	55322		American Indian or Alaska Native, Black or African American	1
2.20	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	15	29	30.3		Black or African American	1
2.10	Population 16+ in Civilian Labor Force	2012-2016	percent	50.5	61.5	63.1			1
2.08	Median Housing Unit Value	2012-2016	dollars	86900	157100	184700			1
1.90	People 65+ Living Alone	2012-2016	percent	28.3	26.8	26.4			1
1.85	People 25+ with a High School Degree or Higher	2012-2016	percent	80.3	86.3	87		65+, Hispanic or Latino, Other	1
1.73	Social and Economic Factors Ranking	2018	ranking	83					3
1.55	Voter Turnout: Presidential Election	2016	percent	65.1	67.7				13
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	406	376	462			1
1.50	Homeownership	2012-2016	percent	54.5	55.5	55.9			1
1.40	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.6	57.4	58.3			1
1.25	Mean Travel Time to Work	2012-2016	minutes	23.5	24.1	26.1			1
1.18	Persons with Health Insurance	2016	percent	88.3	87.8	100	92		16
1.08	Median Household Gross Rent	2012-2016	dollars	676	816	949			1
0.53	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	963	1243	1491			1
0.50	Linguistic Isolation	2012-2016	percent	0.3	2.5	4.5			1

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0.50	Social Associations	2015	membership associations/ 10,000 population	18.6	11.5	9.3				3
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SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Adults who Smoke	2016	percent	21.1	17.9	17	12	13		3
2.65	Alcohol-Impaired Driving Deaths	2012-2016	percent	44.4	31.4	29.3		4.7		3
2.35	Liquor Store Density	2015	stores/ 100,000 population	12.4	5.8	10.5				19
1.73	Health Behaviors Ranking	2018	ranking	94						3
0.45	Adults who Drink Excessively	2016	percent	13.4	16.7	18	25.4			3

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.35	Workers who Drive Alone to Work	2012-2016	percent	86.2	81.1	76.4			Native Hawaiian or Other Pacific Islander, White, non-Hispanic	1
2.15	Households without a Vehicle	2012-2016	percent	9.6	6.3	9				1
1.95	Households with No Car and Low Access to a Grocery Store	2015	percent	7.1						20
1.90	Workers Commuting by Public Transportation	2012-2016	percent	0.6	1.1	5.1	5.5			1
1.25	Mean Travel Time to Work	2012-2016	minutes	23.5	24.1	26.1				1
1.00	Solo Drivers with a Long Commute	2012-2016	percent	27.1	31.3	34.7				3
0.30	Workers who Walk to Work	2012-2016	percent	3.5	1.8	2.8	3.1		55-59	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	23.3	17.6	16		9.9		3
2.25	Poor Physical Health: Average Number of Days	2016	days	4.4	3.6	3.7				3
2.10	Frequent Physical Distress	2016	percent	14	11.3	15				3

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.10	Insufficient Sleep	2016	percent	37.3	33.8	38				3
2.05	Life Expectancy for Females	2014	years	78.4	80.2	81.5		79.5		5
2.05	Life Expectancy for Males	2014	years	72.8	75.4	76.7		79.5		5
1.73	Morbidity Ranking	2018	ranking	93						3

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	HERTFORD COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	25.3	21.6	21.2	20.7			6
2.05	Life Expectancy for Females	2014	years	78.4	80.2	81.5		79.5		5
1.35	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	120.3	129.4	123.5				6
0.65	Mammography Screening: Medicare Population	2014	percent	74.3	67.9	63.1				17

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Medicare & Medicaid Services
3	County Health Rankings
4	Feeding America
5	Institute for Health Metrics and Evaluation
6	National Cancer Institute
7	National Center for Education Statistics
8	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
9	North Carolina Department of Health and Human Services
10	North Carolina Department of Health and Human Services, Communicable Disease Branch
11	North Carolina Department of Justice
12	North Carolina Department of Public Instruction
13	North Carolina State Board of Elections
14	North Carolina State Center for Health Statistics
15	North Carolina State Center for Health Statistics, Vital Statistics
16	Small Area Health Insurance Estimates
17	The Dartmouth Atlas of Health Care
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Department of Agriculture - Food Environment Atlas
21	U.S. Environmental Protection Agency

Appendix B. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

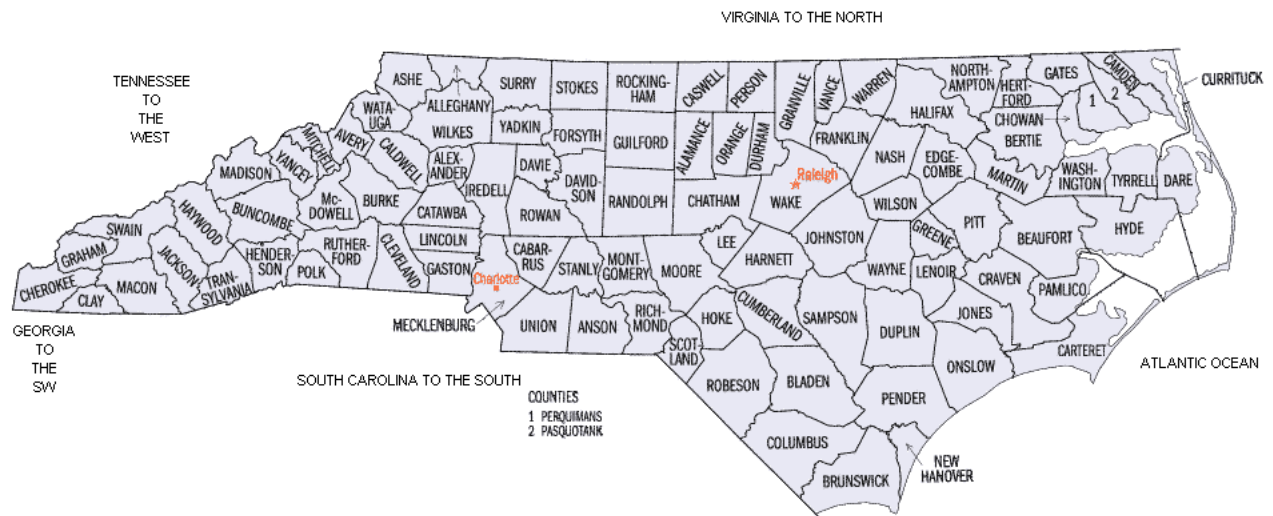
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Hopelessness | | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health care providers | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> More affordable/better housing | <input type="checkbox"/> Healthy family activities | <input type="checkbox"/> Road safety |
| | | <input type="checkbox"/> None |

☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress
management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger
management |
| <input type="checkbox"/> Going to the
doctor for yearly check-
ups and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual
abuse prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |

☐ Other (please specify)

7. Where do you get most of your health-related information? (*Please choose only one.*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | | |

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)

☐ Yes

☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure check | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don't know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (Choose only one.)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don't know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (Check all that apply.)

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)

- | | | | | | | | |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don' t know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐

Yes

☐

No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #26)*

☐

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

☐ Other (please specify)

--

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- ☐ Yes, flu shot

- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don' t know/not sure

[Part 5: Access to Care/Family Health](#)

33. Where do you go most often when you are sick? (*Choose only one.*)

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/
optometrist/
ophthalmologist | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |

☐ Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

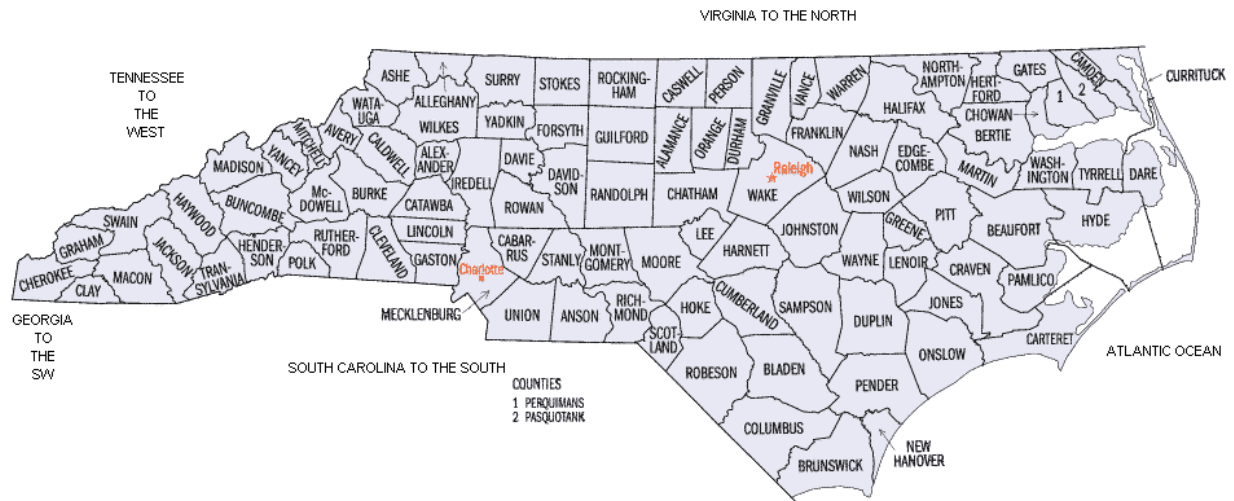
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (*Choose only one.*)

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	<input type="checkbox"/> Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	<input type="checkbox"/> Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> The State of
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Perquimans	<input type="checkbox"/> Virginia
<input type="checkbox"/> Other (please specify)			

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (*Choose only one.*)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (*Check only one.*)

- | | |
|--|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Family |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Print media (ex: newspaper) | |

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

(Check only one.)

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

47. What is your gender? (Choose only one.)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? (*Choose only one.*)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (*Choose only one.*)

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (*Choose only one.*)

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐ Other (please specify)

--

52. Select the highest level of education you have achieved. (Choose only one.)

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

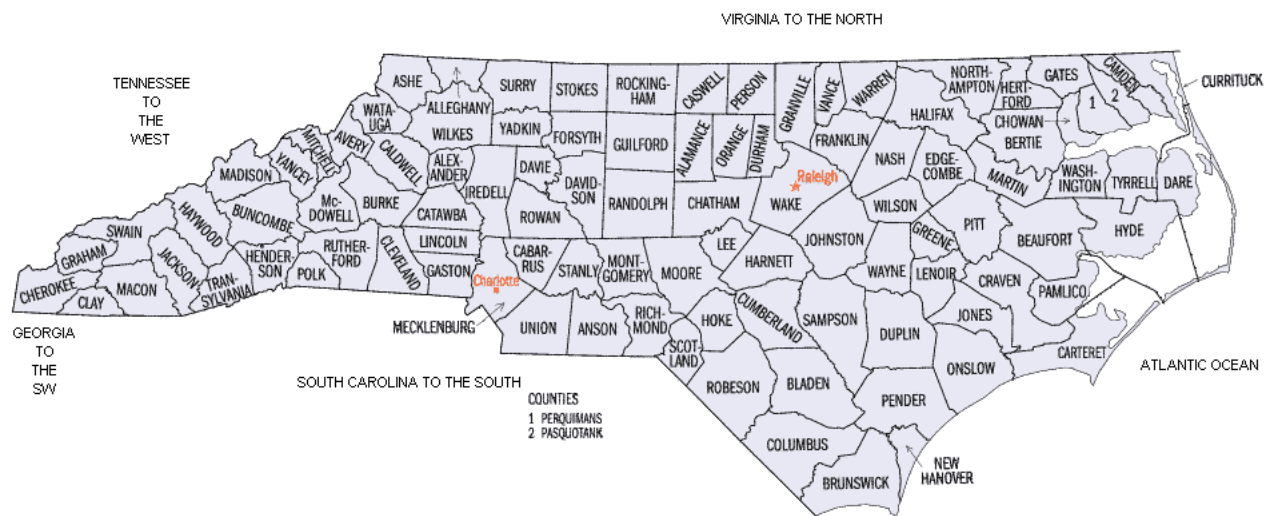
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia
doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación /
agresión sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a
personas mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para |
| cuidado infantil | médica | adolescentes |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de |
| cuidado para ancianos | apropiados de acuerdo a | transporte |
| <input type="checkbox"/> Servicios para | su cultura | <input type="checkbox"/> Disponibilidad de |
| personas con | <input type="checkbox"/> Consejería / salud | empleo |
| discapacidad | mental / grupos de apoyo | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Mejores y más | pagados |
| más accesibles | instalaciones recreativas | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | (parques, senderos, | carreteras |
| opciones de alimentos | centros comunitarios) | <input type="checkbox"/> Carreteras seguras |
| saludables | <input type="checkbox"/> Actividades | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables | |
| mejores vivienda | | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|--|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y
alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia /
desastre | <input type="checkbox"/> Prevención del
embarazo y
enfermedades de | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

☐

Otros (especificar)

--

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor / | hijo | de ayuda |
| enfermera | <input type="checkbox"/> Hospital | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Departamento de | |
| <input type="checkbox"/> Iglesia | salud | |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Empleador | |
| <input type="checkbox"/> Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(*Seleccione todas las opciones que corresponden*).

- | | | |
|--|--|--|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | imprudente / exceso de |
| alimentación | <input type="checkbox"/> ETS | velocidad |
| <input type="checkbox"/> Ejercicios | (enfermedades de | <input type="checkbox"/> Problemas de |
| <input type="checkbox"/> Manejo del asma | transmisión sexual) | salud mental |
| | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|--|--|---|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer | densidad de los huesos | <input type="checkbox"/> Evaluación |
| de próstata | <input type="checkbox"/> Examen físico | cardiovascular (el |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de | corazón) |
| recto | Papanicolaou | <input type="checkbox"/> Limpieza dental / |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la | radiografías |
| en la sangre | gripe | <input type="checkbox"/> Ninguna de las |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Control de la | anteriores |
| Colesterol | presión arterial | |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Pruebas de cáncer | |
| audición (escucha) | de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).

<input type="checkbox"/>	Mariguana
<input type="checkbox"/>	Cocaína

- ☐ Heroína
- ☐ Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

- | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
- ☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

- ☐ Sí
- ☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐

Sí

☐

No *(Si su respuesta es No, salte a la pregunta numero 26)*

☐

No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|--|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No sé cómo encontrar compañeros de ejercicio. |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> No me gusta hacer ejercicio |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 30*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30*)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 32)

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist"? (Elija solo una).

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

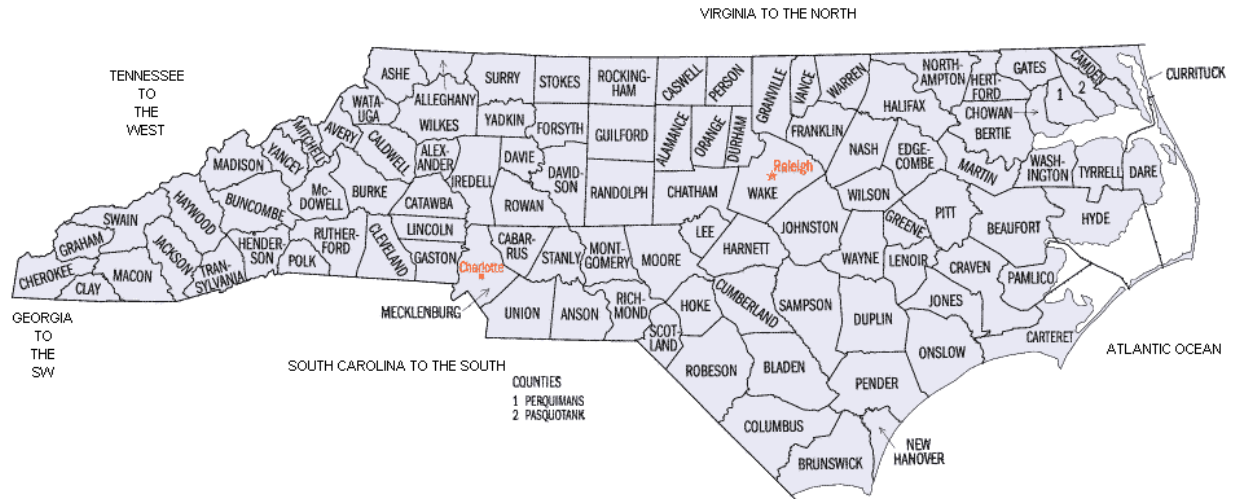
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
Cumberland	<input type="checkbox"/> Hyde	Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> El Estado de
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	Perquimans	Virginia
<input type="checkbox"/> Otros (especificar)			

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐

No

☐

No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

☐

Falta de transporte

☐

Preocupación por la seguridad familiar

☐

La falta de confianza en los funcionarios públicos

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la propiedad

☐

Preocupación por los atascos de tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad personal

☐

Problemas de salud (no se pudieron mover)

☐

Otros (especificar)

☐

No sé / no estoy seguro

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (*Elija solo uno*)

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐

Separado

☐

Otros (especificar)

--

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

<input type="checkbox"/>	Ama de casa	<input type="checkbox"/>	Desempleado 1	<input type="checkbox"/>	Desempleado por más de 1
<input type="checkbox"/>	Trabajadores por	año o menos		año	
cuenta propia					

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix C. Community Resources

Childcare

Agency Name: Ahoskie Christian Center Child Care

Address: 301 South Street Ahoskie, NC 27910

Phone: (252) 209-0540

Contact Person: Robin Williams

Service(s) Offered: Child care for per-school age children, after school for new born-12thgrade

Agency Name: Rehoboth Educational Services

Address: 415 Holloman Ave. Ahoskie, NC 27910

Phone: (252) 332-8700

Service(s) Offered: Childcare for pre-school age children

Agency Name: Hertford County Child Development

Address: 215 Modlin Road Ahoskie, NC 27910

Phone: (252) 209-8569

Service(s) Offered: Childcare for pre-school

Clothing

Agency Name: Quola

Address: 701 East Main St. Murfreesboro, NC 27855

Phone:

Contact Person: Joyce Ann Peebles

Service(s) Offered: Free clothing pantry Monday-Friday

Agency Name: Amanda S. Cherry Community Resource

Address: 1750 NC 45 South, Cofield, NC 27922

Phone:

Contact Person: Charlotte White

Service(s) Offered: Free clothing pantry Monday-Friday

Education/Training

Agency Name: Roanoke Chowan Community College

Address: 109 Community College Road, Ahoskie, NC 27910

Phone: (252)862-1200

Service(s) Offered: GED program, Continuing Education Program, HRD classes, key training and CRC Remediation and Testing

Employment

Agency Name: Division of Workforce Solutions

Address: 109 Community College Road, Ahoskie, NC 27910

Phone: (252)862-1257 X 642

Contact Person): Tamara Cumbo

Email: tamara.cumbo@nccommerce.com

Website: www.ncesc.com

Service(s) Offered: Employment, Unemployment, Training Services for Youth and Adults, Title V

Financial

Agency Name: Internal Links LLC

Address: 701 East Main Street, Murfreesboro, NC 27855

Phone: (252)396-0035

Contact Person: Kevin Baldwin

Service(s) Offered: Budgeting, Income tax preparation, financial credit counseling

Food

Agency Name: Ahoskie Food Pantry/First Presbyterian Church

Address: 701 E. Church St. Ahoskie, NC 27910

Phone: (252) 332-2145

Service(s) Offered: Free food supplies- Monday-Friday (9am-12pm)

Home Health

Agency Name: Home Life Care

Address: P.O. Box 1106 Ahoskie, NC 27910

Phone: (252) 332-8265 or 1-800-819-8988

Service(s) Offered: Home Health Services

Agency Name: Quality Home Staffing, Inc.

Address: 1109 E. Memorial Dr. Ahoskie, NC 27910

Phone: (252)332-1651

Service(s) Offered: Home Health Services

Agency Name: Creekside Care and Rehabilitation

Address: 604 Stokes St. Ahoskie, NC 27910

Phone: (252) 332-2126

Email: www.kindredhealthcare.com

Service(s) Offered: Home Health Services

Agency Name: Carolina Home Care, Inc.

Address: 422 West Main Street, Ahoskie, NC 27910

Phone: (252)332-7754

Contact Person: Jane White

Service(s) Offered: Home Health Services

Legal Aid

Agency Name: Legal Aid of North Carolina

Address: 610 East Church St. Ahoskie, NC 27910

Phone: (252)332-512

Service(s) Offered: Free legal assistance to income eligible persons

Local/County Government

Agency Name: Hertford County

Address: 704 North King St. Winton, NC 27986

Phone: (252) 358-7805

Contact Person: Loria Williams, County Manager

Website: www.hertfordcounty.nc.gov

Service(s) Offered: Aging/Senior Center/ Administration/Economic Development/
Maintenance & Grounds/ Register of Deeds/ Sheriff's Department/ Social
Services/ Tax Services/ Veteran Services/ Elections/ Planning & Zoning

Agency Name: Town of Ahoskie

Address: 201 W. Main St. Ahoskie, NC 27910

Phone: (252) 332-5146

Contact Person: Brian Lassiter, Mayor

Service(s) Offered: Water, Sewer, Garbage

Medical Care

Agency Name: Vidant Roanoke Chowan Hospital

Address: 500 South Academy St. Ahoskie, NC 27910

Phone: (252) 209-3000

Service(s) Offered: Provide emergency, primary medical care, and surgical care
Mental Health

Agency Name: ECBH-East Carolina Behavioral Health

Address: 144 Community College Road Ahoskie, NC 27910
Phone: (252) 320-2136
Contact Person: Hope Eley
Service(s) Offered: Mental health counseling, substance used counseling,
Rent/Utility/Housing

Agency Name: CADA
Address: 105 N. Academy St. Ahoskie, NC 27910
Phone: (252) 332-2692
Contact Person: Mrs. Melton
Service(s) Offered: Housing for low income families, utilities for low income families and assistance with rent payments

Support Groups
Agency Name: Roanoke Chowan S.A.F.E. Domestic Violence
Address: Ahoskie, NC
Phone: (252)332-1933
Contact Person: Tammy McCarter
Email: taskewrcsafe@yahoo.com
Service(s) Offered: Domestic violence services

Transportation
Agency Name: CPTA-Choanoke Public Transportation Authority
Address: 505 N. Main St. Rich Square, NC 27869
Phone: (252) 539-2022
Contact Person: Pamela Perry, Director
Service(s) Offered: Public Transportation at affordable rates